

(b) As used in this section, partial hospitalization means a psychiatric service offered in a hospital or in a psychiatric day-care treatment center or in a community mental health facility providing medically directed intensive or intermediate short-term psychiatric treatment for a period of less than 24 hours but more than 4 hours in a day for any individual patient.

(c) Benefits shall provide for psychiatric care for a minimum of 30 partial hospitalization treatment days during any period of 12 consecutive months.

(d) For purposes of this section, any proposed change in benefits provided by an existing group hospital policy shall be considered a proposal to issue a policy under subsection (a).

(e) The provisions of this section shall apply only if an initial enrollment of at least 25 certificate holders under the new or revised group policy can reasonably be expected.]

[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) If the group contract issued by the insurer, including a nonprofit health insurance plan, provides for the utilization review of the benefits required under subsection (a) of this section, the private review agent performing the utilization review shall meet the requirements of Title 19, Subtitle 13 of the Health - General Article.