

(iii) The insurance company, as a condition precedent to the allowance for benefits for residency in a psychiatric halfway house, may require the certification in writing by a licensed psychiatrist or psychologist that residency in a psychiatric halfway house is medically necessary either in lieu of or in combination with confinement as an inpatient in a hospital and will reduce the length of confinement as an inpatient in a hospital;

(iv) The total benefits payable for treatment as an inpatient in a hospital or residency in a psychiatric halfway house or a combination of both may not exceed the cost of benefits available annually for treatment as an inpatient in a hospital.

(b) ~~The provisions of this section apply to all policies issued, renewed, modified, altered, amended, or reissued on or after July 1, 1973.]~~

[477M.

(a) After January 1, 1977, every insurer which proposes to issue a group hospital policy in Maryland shall offer the prospective group policyholder at an appropriate premium adjustment, if any, the option of providing benefits for the cost of psychiatric care through partial hospitalization.

(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