

covered by the policy or certificate for the service" is substituted for the former requirement to "insure" the "expenses".

Defined terms: "Health insurance" § 1-101

"Insurer" § 1-101

"Person" § 1-101

"Policy" § 1-101

15-711. PHYSICAL THERAPISTS.

(A) SCOPE OF SECTION.

THIS SECTION APPLIES TO EACH INDIVIDUAL OR GROUP HEALTH INSURANCE POLICY OR CONTRACT THAT IS:

(1) DELIVERED OR ISSUED FOR DELIVERY IN THE STATE BY AN INSURER OR NONPROFIT HEALTH SERVICE PLAN; AND

(2) ISSUED, RENEWED, AMENDED, OR REISSUED ON OR AFTER OCTOBER 1, 1993.

(B) TIME LIMIT ON RECEIPT OF SERVICES PROHIBITED.

AN INSURER OR NONPROFIT HEALTH SERVICE PLAN MAY NOT IMPOSE A TIME LIMIT ON THE RECEIPT OF SERVICES COVERED UNDER A POLICY OR CONTRACT SUBJECT TO THIS SECTION THAT ARE PROVIDED DURING THE POLICY OR CONTRACT PERIOD BY A PHYSICAL THERAPIST LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE.

(C) EFFECT OF SECTION.

THIS SECTION DOES NOT PROHIBIT AN INSURER OR NONPROFIT HEALTH SERVICE PLAN FROM IMPOSING A LIMIT ON THE NUMBER OF VISITS WITH A LICENSED PHYSICAL THERAPIST THAT ARE ALLOWED UNDER A POLICY OR CONTRACT.

REVISOR'S NOTE: Subsection (a) of this section is new language added to clarify the applicability of this section. It is based on the references in former Art. 48A, §§ 354Z(a), 470U(a), and 477AA(a) to those policies and contracts to which former §§ 354Z, 470U, and 477AA applied.

Subsections (b) and (c) of this section are new language derived without substantive change from former Art. 48A, §§ 354Z(g), 470U(g), and 477AA(g).

In subsection (b) of this section, the reference to "services covered under a policy or contract subject to this section" is substituted for the former references to "covered services" for clarity.

In subsection (c) of this section, the reference to visits "with a licensed physical therapist" is added for clarity.