

is deleted as unnecessary in light of the reference to insurers that propose to issue or deliver "group or blanket health insurance policies".

In subsections (b) and (c) of this section, the references to offering the "policyholder" the option of providing benefits are substituted for the former references to offering the "group" the option for clarity and accuracy.

Defined terms: "Commissioner" § 1-101

"Health insurance" § 1-101

"Insurer" § 1-101

"Policy" § 1-101

15-802. BENEFITS FOR TREATMENT OF MENTAL ILLNESSES, EMOTIONAL DISORDERS, AND DRUG AND ALCOHOL ABUSE.

(A) DEFINITIONS.

(1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "ALCOHOL ABUSE" HAS THE MEANING STATED IN § 8-101 OF THE HEALTH - GENERAL ARTICLE.

(3) "DRUG ABUSE" HAS THE MEANING STATED IN § 8-101 OF THE HEALTH - GENERAL ARTICLE.

(4) "MANAGED CARE SYSTEM" MEANS A SYSTEM OF COST CONTAINMENT METHODS THAT A CARRIER USES TO REVIEW AND PREAUTHORIZE A TREATMENT PLAN DEVELOPED BY A HEALTH CARE PROVIDER FOR A COVERED INDIVIDUAL IN ORDER TO CONTROL UTILIZATION, QUALITY, AND CLAIMS.

(5) "PARTIAL HOSPITALIZATION" MEANS THE PROVISION OF MEDICALLY DIRECTED INTENSIVE OR INTERMEDIATE SHORT-TERM TREATMENT:

(I) TO AN INSURED, SUBSCRIBER, OR MEMBER;

(II) IN A LICENSED OR CERTIFIED FACILITY OR PROGRAM;

(III) FOR MENTAL ILLNESS, EMOTIONAL DISORDERS, DRUG ABUSE, OR ALCOHOL ABUSE; AND

(IV) FOR A PERIOD OF LESS THAN 24 HOURS BUT MORE THAN 4 HOURS IN A DAY.

(B) SCOPE OF SECTION.

THIS SECTION APPLIES TO EACH HEALTH INSURANCE POLICY OR CONTRACT THAT IS DELIVERED OR ISSUED FOR DELIVERY IN THE STATE TO AN EMPLOYER OR INDIVIDUAL ON A GROUP OR INDIVIDUAL BASIS AND THAT PROVIDES COVERAGE ON AN EXPENSE-INCURRED BASIS.

(C) DISCRIMINATION PROHIBITED.