

Former Art. 48A, § 490V(b)(2)(i)1, which required that certain minimum benefits for illnesses covered under former Art. 48A, § 490V be included in a policy or contract from July 1, 1994 through June 30, 1995, is deleted as obsolete.

Former Art. 48A, § 490V(d), which until July 1, 1995 allowed certain policies or contracts to provide less than the minimum benefits required under former Art. 48A, § 490V(b)(2)(i)1, is deleted as obsolete.

Defined terms: "Health insurance" § 1-101

"Policy" § 1-101

15-803. PAYMENTS FOR BLOOD PRODUCTS.

(A) EXCLUSION PROHIBITED.

AN INSURER OR NONPROFIT HEALTH SERVICE PLAN THAT ISSUES OR DELIVERS AN INDIVIDUAL, GROUP, OR BLANKET HEALTH INSURANCE POLICY OR CONTRACT IN THE STATE MAY NOT EXCLUDE PAYMENTS FOR BLOOD PRODUCTS, BOTH DERIVATIVES AND COMPONENTS, THAT OTHERWISE WOULD BE COVERED UNDER THE HEALTH INSURANCE CONTRACT.

(B) EXCEPTION.

THIS SECTION DOES NOT APPLY TO WHOLE BLOOD OR CONCENTRATED RED BLOOD CELLS.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, §§ 354E, 470G, and 477H.

In subsection (a) of this section, the reference to a "nonprofit health service plan" is substituted for the former reference to "[n]onprofit health insurers" for clarity and consistency with the terminology used throughout this article.

Also in subsection (a) of this section, the former references to a policy issued or delivered "to any person" in the State are deleted as implicit.

Defined terms: "Health insurance" § 1-101

"Insurer" § 1-101

"Policy" § 1-101

15-804. COVERAGE FOR OFF-LABEL USE OF DRUGS.

(A) DEFINITIONS.

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

(2) "MEDICAL LITERATURE" MEANS SCIENTIFIC STUDIES PUBLISHED IN A PEER-REVIEWED NATIONAL PROFESSIONAL MEDICAL JOURNAL.

(3) "OFF-LABEL USE" MEANS THE PRESCRIPTION OF A DRUG FOR A TREATMENT OTHER THAN THOSE TREATMENTS STATED IN THE LABELING APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION.