

(II) UP TO 4 HOURS OF HOME HEALTH CARE SERVICE IS CONSIDERED ONE HOME HEALTH CARE VISIT.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 470J.

In the introductory language of subsections (a) and (e)(2) of this section, the references to a covered "individual" are substituted for the former references to a covered "person" since only an individual can receive home health care services. Similarly, in subsection (e)(1) of this section, the reference to an "individual" covered under the contract is substituted for the former reference to a "person".

In subsection (a)(1) of this section, the reference to institutionalization of the "individual" is substituted for the former reference to institutionalization of the "insured" for consistency within this section.

Also in subsection (a)(1) of this section, the former word "otherwise" is deleted as surplusage.

In subsection (a)(2) of this section, the reference to the "individual's" physician is added for clarity.

In subsection (b) of this section, the reference to "each individual, group, or blanket health insurance policy that is issued or delivered in the State by an insurer or nonprofit health service plan" is substituted for the former references to "[a]ll health insurance policies" and "policies issued under the provisions of this subtitle and also those issued under the provisions of Subtitle 20 - Nonprofit Health Service Plans and Subtitle 26 - Group and Blanket Health Insurance" to clarify the applicability of this section and for conformity with other scope provisions in this title.

Also in subsection (b) of this section, the former introductory language "[n]otwithstanding any other provision to the contrary" is deleted as surplusage.

In subsections (d)(1) and (e)(1) and (2) of this section, the references to "home health care" are substituted for the former references to "home care" for consistency within this section.

In subsection (d)(2) of this section, the reference to home "health" care is added for consistency with the terminology used in Title 19, Subtitle 4 of the Health - General Article.

Defined terms: "Health insurance" § 1-101

"Insurer" § 1-101

"Person" § 1-101

"Policy" § 1-101

15-809. BENEFITS FOR HOSPICE CARE SERVICES.

(A) REQUIRED OFFERING OF COVERAGE — INSURERS.