

(2) AN OBJECTIVE SECOND OPINION GIVEN TO THE INSURED WHEN REQUIRED BY A UTILIZATION REVIEW PROGRAM UNDER § 19-319 OF THE HEALTH - GENERAL ARTICLE.

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

In subsection (a)(1) of this section, the references to each "individual," group, or blanket health insurance policy that is issued or delivered in the State "by an insurer" are added to clarify the applicability of this section.

In subsection (b)(1) of this section, the reference to the denial "after review under" a utilization review program is substituted for the former references to the denial "resulting from" a utilization review program for clarity.

Defined terms: "Health insurance" § 1-101

"Insurer" § 1-101

"Policy" § 1-101

15-820. BENEFITS FOR PROSTHETIC DEVICES AND ORTHOPEDIC BRACES.

(A) DEFINITIONS.

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

(2) "ORTHOPEDIC BRACE" MEANS A RIGID OR SEMI-RIGID DEVICE THAT IS USED TO:

(I) SUPPORT A WEAK OR DEFORMED BODY MEMBER; OR

(II) RESTRICT OR ELIMINATE MOTION IN A DISEASED OR INJURED PART OF THE BODY.

(3) "PROSTHETIC DEVICE" MEANS AN ARTIFICIAL LIMB.

(B) BENEFITS REQUIRED.

EACH HEALTH INSURANCE CONTRACT THAT IS DELIVERED OR ISSUED FOR DELIVERY IN THE STATE BY A NONPROFIT HEALTH SERVICE PLAN AND THAT PROVIDES HOSPITAL BENEFITS SHALL PROVIDE BENEFITS FOR PROSTHETIC DEVICES AND ORTHOPEDIC BRACES.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 354Q(a) and (b).

Subsection (a)(1) of this section is revised in the standard introductory language used in a definition subsection.

Former Art. 48A, § 354Q(c), which applied the provisions of former § 354Q to contracts issued, renewed, modified, altered, amended, or reissued on or after July 1, 1978, is deleted as obsolete.

Defined term: "Health insurance" § 1-101