~~(2) 24 HOURS OF INPATIENT HOSPITALIZATION CARE AFTER A LYMPH NODE DISSECTION OR LUMPECTOMY FOR THE TREATMENT OF BREAST CANCER.~~

~~(D) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE THE PROVISION OF INPATIENT HOSPITALIZATION SERVICES IN ACCORDANCE WITH SUBSECTION (C) OF THIS SECTION IF A PATIENT DETERMINES, IN CONSULTATION WITH THE PATIENT'S ATTENDING PHYSICIAN, THAT:~~

~~(1) A SHORTER PERIOD OF INPATIENT HOSPITALIZATION IS APPROPRIATE FOR RECOVERY; OR~~

~~(2) THE MASTECTOMY, REMOVAL OF A TESTICLE, LYMPH NODE DISSECTION, OR LUMPECTOMY CAN BE PERFORMED ON AN OUTPATIENT BASIS.~~

~~(E) FOR A PATIENT WHO HAS A SHORTER LENGTH OF STAY THAN THAT PROVIDED UNDER SUBSECTION (C) OF THIS SECTION OR DECIDES THAT THE MASTECTOMY, REMOVAL OF A TESTICLE, LYMPH NODE DISSECTION, OR LUMPECTOMY CAN BE PERFORMED ON AN OUTPATIENT BASIS, AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR:~~

~~(1) ONE HOME VISIT SCHEDULED TO OCCUR WITHIN 24 HOURS AFTER DISCHARGE FROM THE HOSPITAL OR OUTPATIENT HEALTH CARE FACILITY; AND~~

~~(2) AN ADDITIONAL HOME VISIT IF PRESCRIBED BY THE PATIENT'S ATTENDING PHYSICIAN.~~

~~(F) EACH ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE NOTICE ANNUALLY TO ITS ENROLLEES AND INSUREDS ABOUT THE COVERAGE REQUIRED UNDER THIS SECTION.~~

~~SECTION 3.~~ SECTION ~~2.~~ *3.* AND BE IT FURTHER ENACTED, That this Act shall apply to all ~~new policies or health benefit plans issued or delivered in the State on or after July 1, 1999, and to the renewal of all policies in effect before July 1, 1999, except that any policy or health benefit plan in effect before July 1, 1999, shall comply with the provisions of this Act no later than July 1, 2000~~ policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after ~~July~~ *October* 1, 1999. Any policy, *contract,* or health benefit plan in effect before ~~July~~ *October* 1, 1999, shall comply with the provisions of this Act no later than ~~July~~ *October* 1, 2000.

SECTION 4. AND BE IT FURTHER ENACTED, That the Secretary of Health and Mental Hygiene shall review the extent to which managed care organizations in the Medical Assistance Program are required to meet the same or similar requirements imposed on carriers under this Act, and, subject to § 2–1246 of the State Government Article, shall report the findings of the review by November 1, 1999 to the Senate Finance Committee and the House Economic Matters Committee. If the Secretary finds that managed care organizations are not required to meet the same or similar requirements, the Secretary shall also report the cost of imposing those requirements on the managed care organizations.

SECTION 5. AND BE IT FURTHER ENACTED, That the Maryland Insurance Administration, in consultation with the Health Care Access and Cost Commission,