

Every health insurance policy issued or delivered in this State which provides coverage for an inpatient service in an acute general hospital shall provide coverage for:

[[i]] (1) A corresponding outpatient service that is furnished to the insured in lieu of the inpatient service by reason of the denial resulting from a utilization review program of a request by the attending physician for an inpatient admission; and

[[ii]] (2) An objective second opinion given the insured when required by a utilization review program under § 19-319 of the Health - General Article.

DRAFTER'S NOTE: This corrects stylistic errors in numbering in Article 48A, § 470V.

The error in numbering occurred in Ch. III of the Acts of the Regular Session of the General Assembly of 1985.

The numbering errors were noted by the Computer Division of the Department of Legislative Reference.

470W.

Each hospital or major medical insurance policy written on an expense incurred basis, which is delivered or issued for delivery in the State, and which provides pregnancy-related benefits, may not exclude benefits for all outpatient expenses arising from in vitro fertilization procedures performed on the policyholder or the policyholder's dependent spouse, provided that:

(6) The in vitro fertilization procedures are performed at medical facilities that conform to the American College of [Obstetric and Gynecology] OBSTETRICIANS AND GYNECOLOGISTS guidelines for in vitro fertilization clinics or to the American Fertility Society minimal standards for programs of in vitro fertilization.

DRAFTER'S NOTE: This corrects a reference to the American College of Obstetricians and Gynecologists in Article 48A, § 470W(6).

Ch. 237 of the Acts of the Regular Session of the General Assembly of 1985 incorrectly referred to the "American College of Obstetric an Gynecology".

The error was noted by the Computer Division of the Department of Legislative Reference.

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