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**By: Delegates Bonsack, Donoghue, and Beck**

Introduced and read first time: February 2, 1996

Assigned to: Economic Matters

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A BILL ENTITLED

1 AN ACT concerning

2 **Health Benefit Plans - Prohibitions**

3 FOR the purpose of prohibiting certain carriers from restricting or otherwise interfering  
4 with the ability of certain health care providers to disclose certain information to or  
5 discuss certain information with patients; defining certain terms; and generally  
6 relating to certain prohibitions for carriers that provide health benefit plans.

7 BY adding to

8 Article 48A - Insurance Code  
9 Section 490FF  
10 Annotated Code of Maryland  
11 (1994 Replacement Volume and 1995 Supplement)

12 BY repealing and reenacting, with amendments,

13 Article - Health - General  
14 Section 19-706(k)  
15 Annotated Code of Maryland  
16 (1990 Replacement Volume and 1995 Supplement)

17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
18 MARYLAND, That the Laws of Maryland read as follows:

19 **Article 48A - Insurance Code**

20 490FF.

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

23 (2) "CARRIER" MEANS:

24 (I) A HEALTH INSURER, NONPROFIT HEALTH SERVICE PLAN, OR  
25 HEALTH MAINTENANCE ORGANIZATION THAT HOLDS A CERTIFICATE OF  
26 AUTHORITY TO OFFER HEALTH INSURANCE POLICIES OR CONTRACTS IN  
27 ACCORDANCE WITH THIS ARTICLE OR THE HEALTH-GENERAL ARTICLE OF THE  
28 CODE; OR

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1 (II) A THIRD-PARTY ADMINISTRATOR OR OTHER ENTITY UNDER  
2 CONTRACT WITH A MARYLAND BUSINESS TO ADMINISTER HEALTH BENEFITS.

3 (3) "PROVIDER" MEANS AN INDIVIDUAL WHO IS LICENSED OR  
4 OTHERWISE AUTHORIZED BY LAW TO PROVIDE HEALTH CARE SERVICES.

5 (B) A CARRIER MAY NOT RESTRICT OR OTHERWISE INTERFERE WITH THE  
6 ABILITY OF A PROVIDER TO DISCLOSE TO OR DISCUSS WITH A PATIENT:

7 (1) ANY INFORMATION ABOUT THE PATIENT'S CONDITION; OR

8 (2) ANY INFORMATION ABOUT TREATMENT OR POTENTIAL  
9 TREATMENT FOR THE PATIENT'S CONDITION.

10 **Article - Health - General**

11 19-706.

12 (k) THE PROVISIONS OF ARTICLE 48A, § 490FF SHALL APPLY TO HEALTH  
13 MAINTENANCE ORGANIZATIONS.

14 (L) (1) A health maintenance organization shall:

15 (i) Classify an obstetrician/gynecologist as a primary care physician; or

16 (ii) Permit a woman to receive an annual visit to an in-network  
17 obstetrician/gynecologist for routine gynecological care without requiring the woman to  
18 first visit a primary care provider.

19 (2) If a health maintenance organization classifies an  
20 obstetrician/gynecologist as a primary care physician as provided under paragraph (1) of  
21 this subsection, and a woman does not choose an obstetrician/gynecologist as her primary  
22 care provider, the health maintenance organization shall permit the woman to receive an  
23 annual visit to an in-network obstetrician/gynecologist for routine gynecological care  
24 without requiring the woman to first visit her primary care provider, whether or not the  
25 primary care provider is qualified to and regularly provides routine gynecological care.

26 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
27 October 1, 1996.