

HOUSE BILL 669

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C3

2000 Regular Session
(01r0836)

ENROLLED BILL
-- Economic Matters/Finance --

Introduced by **Delegates Goldwater, Brown, Eckardt, Harrison, Kirk, Krysiak, Love, and Walkup** Walkup, Donoghue, Fulton, McHale, Minnick, and Moe

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this
____ day of _____ at _____ o'clock, ____ M.

Speaker.

CHAPTER 402

1 AN ACT concerning

2 **Health Insurance - Access to Obstetric and Gynecological Services**

3 FOR the purpose of ~~prohibiting~~ requiring certain insurers, nonprofit health service
4 plans, and health maintenance organizations ~~from limiting a woman's~~ to allow a
5 woman to have direct access to certain obstetric and gynecological services from
6 a certified nurse midwife or certain other providers; ~~requiring certain insurers,~~
7 ~~nonprofit health service plans, and health maintenance organizations to allow a~~
8 ~~woman to choose a certified nurse midwife under certain circumstances~~
9 requiring a certified nurse midwife and certain other health care providers to
10 consult with a certain obstetrician/gynecologist in accordance with a certain
11 agreement regarding the delivery of certain health care; providing for the
12 application of this Act; and generally relating to access to obstetric and
13 gynecological services under health insurance.

14 BY repealing and reenacting, with amendments,

1 Article - Insurance
2 Section 15-816
3 Annotated Code of Maryland
4 (1997 Volume and 1999 Supplement)

5 BY repealing and reenacting, with amendments,
6 Article - Health - General
7 Section 19-706(l)
8 Annotated Code of Maryland
9 (1996 Replacement Volume and 1999 Supplement)

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

12 **Article - Insurance**

13 15-816.

14 (a) This section applies to:

15 (1) insurers and nonprofit health service plans that provide hospital,
16 medical, or surgical benefits to individuals or groups on an expense-incurred basis
17 under health insurance policies that are issued or delivered in the State; and

18 (2) health maintenance organizations that provide hospital, medical, or
19 surgical benefits to individuals or groups under contracts that are issued or delivered
20 in the State.

21 (b) An entity subject to this section:

22 (1) shall classify an obstetrician/gynecologist as a primary care provider;
23 or

24 (2) if the obstetrician/gynecologist chooses not to be a primary care
25 provider, shall allow a woman to receive routine gynecological care from an
26 in-network obstetrician/gynecologist without requiring the woman to visit a primary
27 care provider first, if:

28 (i) the care is medically necessary, including care that is routine;

29 (ii) after each visit for gynecological care, the
30 obstetrician/gynecologist communicates with the woman's primary care provider
31 about any diagnosis or treatment rendered; and

32 (iii) the obstetrician/gynecologist confers with the primary care
33 provider before performing any diagnostic procedure that is not routine gynecological
34 care rendered during an annual visit.

1 (c) If an entity subject to this section classifies an obstetrician/gynecologist as
 2 a primary care provider as provided in subsection (b) of this section, and a woman
 3 does not choose an obstetrician/gynecologist as the woman's primary care provider,
 4 the entity shall allow the woman an annual visit to an in-network
 5 obstetrician/gynecologist for routine gynecological care without requiring the woman
 6 to visit the woman's primary care provider first, whether or not the primary care
 7 provider is qualified to and regularly does provide routine gynecological care.

8 ~~(D) (1) AN ENTITY SUBJECT TO THIS SECTION MAY NOT LIMIT A WOMAN'S~~
 9 ~~DIRECT ACCESS TO PRIMARY AND PREVENTIVE OBSTETRIC AND GYNECOLOGICAL~~
 10 ~~SERVICES FROM A CERTIFIED NURSE MIDWIFE OR ANY OTHER PROVIDER~~
 11 ~~AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE OBSTETRIC~~
 12 ~~AND GYNECOLOGICAL SERVICES.~~

13 ~~(2) AN ENTITY SUBJECT TO THIS SECTION SHALL ALLOW A WOMAN TO~~
 14 ~~CHOOSE A CERTIFIED NURSE MIDWIFE PARTICIPATING IN THE HEALTH BENEFIT~~
 15 ~~PLAN IF THE CERTIFIED NURSE MIDWIFE DISCUSSES THE SERVICES AND~~
 16 ~~TREATMENT PLAN WITH THE WOMAN'S PRIMARY CARE PROVIDER AND INFORMS THE~~
 17 ~~WOMAN'S PRIMARY CARE PROVIDER OF ALL HEALTH SERVICES PROVIDED.~~

18 ~~(3) AN ENTITY SUBJECT TO THIS SECTION SHALL OFFER THE WOMAN~~
 19 ~~THE CHOICE OF AN OBSTETRIC AND GYNECOLOGICAL PROVIDER WITHIN THE~~
 20 ~~HEALTH BENEFIT PLAN AND MAY NOT REQUIRE THE WOMAN TO RECEIVE~~
 21 ~~OBSTETRIC AND GYNECOLOGICAL SERVICES FROM A SPECIFIC CATEGORY OF~~
 22 ~~PROVIDER.~~

23 (D) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL ALLOW A WOMAN TO
 24 RECEIVE MEDICALLY NECESSARY, ROUTINE OBSTETRIC AND GYNECOLOGICAL CARE
 25 FROM AN IN-NETWORK, CERTIFIED NURSE MIDWIFE OR ANY OTHER IN-NETWORK
 26 PROVIDER AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE
 27 OBSTETRIC AND GYNECOLOGICAL SERVICES WITHOUT FIRST REQUIRING THE
 28 WOMAN TO VISIT A PRIMARY CARE PROVIDER.

29 (2) A CERTIFIED NURSE MIDWIFE OR OTHER NONPHYSICIAN PROVIDER
 30 AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE OBSTETRIC
 31 AND GYNECOLOGICAL SERVICES SHALL CONSULT WITH AN
 32 OBSTETRICIAN/GYNECOLOGIST WITH WHOM THE CERTIFIED NURSE MIDWIFE OR
 33 OTHER PROVIDER HAS A COLLABORATIVE AGREEMENT, IN ACCORDANCE WITH THE
 34 COLLABORATIVE AGREEMENT, REGARDING ANY CARE RENDERED IN ACCORDANCE
 35 WITH UNDER THIS SUBSECTION.

36 **Article - Health - General**

37 19-706.

38 (l) (1) A health maintenance organization shall:

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

1 (ii) If the obstetrician/gynecologist chooses not to be a primary care
 2 physician, permit a woman to receive gynecological care from an in-network
 3 obstetrician/gynecologist without requiring the woman to first visit a primary care
 4 provider, provided that:

5 1. The care is medically necessary, including, but not limited
 6 to, care that is routine;

7 2. Following each visit for gynecological care, the
 8 obstetrician/gynecologist communicates with the woman's primary care physician
 9 concerning any diagnosis or treatment rendered; and

10 3. The obstetrician/gynecologist confers with the primary
 11 care physician before performing any diagnostic procedure that is not routine
 12 gynecological care rendered during an annual visit.

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

21 ~~(3) (I) A HEALTH MAINTENANCE ORGANIZATION MAY NOT LIMIT A~~
 22 ~~WOMAN'S DIRECT ACCESS TO PRIMARY AND PREVENTIVE OBSTETRIC AND~~
 23 ~~GYNECOLOGICAL SERVICES FROM A CERTIFIED NURSE MIDWIFE OR ANY OTHER~~
 24 ~~PROVIDER AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE~~
 25 ~~OBSTETRIC AND GYNECOLOGICAL SERVICES.~~

26 ~~(II) A HEALTH MAINTENANCE ORGANIZATION SHALL ALLOW A~~
 27 ~~WOMAN TO CHOOSE A CERTIFIED NURSE MIDWIFE PARTICIPATING IN THE HEALTH~~
 28 ~~MAINTENANCE ORGANIZATION IF THE CERTIFIED NURSE MIDWIFE DISCUSSES THE~~
 29 ~~SERVICES AND TREATMENT PLAN WITH THE WOMAN'S PRIMARY CARE PROVIDER~~
 30 ~~AND INFORMS THE WOMAN'S PRIMARY CARE PROVIDER OF ALL HEALTH SERVICES~~
 31 ~~PROVIDED.~~

32 ~~(III) A HEALTH MAINTENANCE ORGANIZATION SHALL OFFER THE~~
 33 ~~WOMAN THE CHOICE OF AN OBSTETRIC AND GYNECOLOGICAL PROVIDER WITHIN~~
 34 ~~THE HEALTH MAINTENANCE ORGANIZATION AND MAY NOT REQUIRE THE WOMAN~~
 35 ~~TO RECEIVE OBSTETRIC AND GYNECOLOGICAL SERVICES FROM A SPECIFIC~~
 36 ~~CATEGORY OF PROVIDER.~~

37 (3) (I) A HEALTH MAINTENANCE ORGANIZATION SHALL ALLOW A
 38 WOMAN TO RECEIVE MEDICALLY NECESSARY, ROUTINE OBSTETRIC AND
 39 GYNECOLOGICAL CARE FROM AN IN-NETWORK, CERTIFIED NURSE MIDWIFE OR ANY
 40 OTHER IN-NETWORK PROVIDER AUTHORIZED UNDER THE HEALTH OCCUPATIONS
 41 ARTICLE TO PROVIDE OBSTETRIC AND GYNECOLOGICAL SERVICES WITHOUT FIRST
 42 REQUIRING THE WOMAN TO VISIT A PRIMARY CARE PROVIDER.

1 (II) A CERTIFIED NURSE MIDWIFE OR OTHER NONPHYSICIAN
2 PROVIDER AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE
3 OBSTETRIC AND GYNECOLOGICAL SERVICES SHALL CONSULT WITH AN
4 OBSTETRICIAN/GYNECOLOGIST WITH WHOM THE CERTIFIED NURSE MIDWIFE OR
5 OTHER PROVIDER HAS A COLLABORATIVE AGREEMENT, IN ACCORDANCE WITH THE
6 COLLABORATIVE AGREEMENT, REGARDING ANY CARE RENDERED IN ACCORDANCE
7 WITH UNDER THIS PARAGRAPH.

8 SECTION 2. AND BE IT FURTHER ENACTED, That this Act ~~shall apply~~
9 applies to all policies, contracts, and health benefit plans issued, delivered, or
10 renewed in the State on or after October 1, 2000. ~~Any policy, contract, or health~~
11 ~~benefit plan in effect before October 1, 2000 shall comply with the provisions of this~~
12 ~~Act no later than October 1, 2001.~~

13 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
14 October 1, 2000.