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SB 417/95 - FIN

1996 Regular Session
6lr1848
CF 6lr1858

By: Delegates Goldwater, Eckardt, Donoghue, Love, Boston, Walkup, Kirk, Frank, Harrison, Krysiak, Exum, V. Mitchell, and Barve ~~Barve~~, Boston, Busch, Crumlin, and Pendergrass

Introduced and read first time: February 2, 1996
Assigned to: Economic Matters

Committee Report: Favorable with amendments
House action: Adopted with floor amendments
Read second time: March 15, 1996

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance - Gynecological Care**

3 FOR the purpose of altering the circumstances under which certain insurers and
4 nonprofit health service plans, including health maintenance organizations, shall
5 permit a woman to receive certain gynecological care from an in-network
6 obstetrician/gynecologist who is not her primary care physician; requiring an
7 obstetrician/gynecologist to consult with and obtain approval from a primary care
8 physician under certain circumstances; and generally relating to gynecological care
9 in health insurance.

10 BY repealing and reenacting, with amendments,
11 Article 48A - Insurance Code
12 Section 490Z(a)
13 Annotated Code of Maryland
14 (1994 Replacement Volume and 1995 Supplement)

15 BY repealing and reenacting, with amendments,
16 Article - Health - General
17 Section 19-706(k)(1)
18 Annotated Code of Maryland
19 (1990 Replacement Volume and 1995 Supplement)

2

1 Preamble

2 WHEREAS, The findings of a ~~Gallup~~ Gallup Organization survey of 500 women
3 who live and work in downtown Baltimore City showed that between 38 and 44 percent of
4 all women age 18 through 40 visit only an obstetrician/gynecologist (OB/GYN) for routine
5 care; and

6 WHEREAS, For women age 41 and older, 27 percent see only an OB/GYN for
7 their routine care; and

8 WHEREAS, For minority women and those women of limited financial means, the
9 percentages in all age groups who see only an OB/GYN for their routine care are
10 significantly higher than others; and

11 WHEREAS, The federal Health Security Act has recognized that an OB/GYN is
12 sometimes the only physician a significant number of women see for their primary care
13 needs; and

14 WHEREAS, The legislation enacted in 1994 by the Maryland General Assembly to
15 address this issue during its 1994 session has been interpreted by insurers as prohibiting
16 an OB/GYN who chooses not to be a primary care physician from seeing patients without
17 the patient first visiting a primary care provider, and does not account for the women who
18 must see their OB/GYN more than once in a 12-month period; and

19 WHEREAS, Allowing women to receive all gynecological care from certain
20 OB/GYN doctors without first requiring them to visit a primary care physician would
21 improve their access to OB/GYN doctors; now, therefore,

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

24 **Article 48A - Insurance Code**

25 490Z.

26 (a) Any insurer or nonprofit health service plan that provides hospital, medical, or
27 surgical benefits for issuance or delivery in the State to any group or individual on an
28 expense-incurred basis, including a health maintenance organization, shall:

29 (1) Classify an obstetrician/gynecologist as a primary care physician; or

30 (2) [Permit] IF THE OBSTETRICIAN/GYNECOLOGIST CHOOSES NOT TO
31 BE A PRIMARY CARE PHYSICIAN, PERMIT a woman to receive [an annual visit to an
32 in-network obstetrician/gynecologist for routine] gynecological care FROM AN
33 IN-NETWORK OBSTETRICIAN/GYNECOLOGIST without requiring the woman to first visit
34 a primary care provider, PROVIDED THAT:

35 (I) THE CARE IS MEDICALLY NECESSARY, INCLUDING, BUT NOT
36 LIMITED TO, CARE THAT IS ROUTINE; ~~AND~~

37 (II) FOLLOWING EACH VISIT FOR GYNECOLOGICAL CARE, THE
38 OBSTETRICIAN/GYNECOLOGIST COMMUNICATES WITH THE WOMAN'S PRIMARY
39 CARE PHYSICIAN CONCERNING ANY DIAGNOSIS OR TREATMENT RENDERED; AND

3

1 (III) THE OBSTETRICIAN/GYNECOLOGIST OBTAINS APPROVAL
2 FROM THE PRIMARY CARE PHYSICIAN BEFORE PERFORMING ANY DIAGNOSTIC OR
3 NONEMERGENCY PROCEDURE.

4 **Article - Health - General**

5 19-706.

6 (k) (1) A health maintenance organization shall:

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

8 (ii) [Permit] IF THE OBSTETRICIAN/GYNECOLOGIST CHOOSES NOT
9 TO BE A PRIMARY CARE PHYSICIAN, PERMIT a woman to receive [an annual visit to an
10 in-network obstetrician/gynecologist for routine] gynecological care FROM AN
11 IN-NETWORK OBSTETRICIAN/GYNECOLOGIST without requiring the woman to first visit
12 a primary care provider, PROVIDED THAT:

13 1. THE CARE IS MEDICALLY NECESSARY, INCLUDING, BUT
14 NOT LIMITED TO, CARE THAT IS ROUTINE; ~~AND~~

15 2. FOLLOWING EACH VISIT FOR GYNECOLOGICAL CARE,
16 THE OBSTETRICIAN/GYNECOLOGIST COMMUNICATES WITH THE WOMAN'S PRIMARY
17 CARE PHYSICIAN CONCERNING ANY DIAGNOSIS OR TREATMENT RENDERED; AND

18 3. THE OBSTETRICIAN/GYNECOLOGIST OBTAINS APPROVAL
19 FROM THE PRIMARY CARE PHYSICIAN BEFORE PERFORMING ANY DIAGNOSTIC OR
20 NONEMERGENCY PROCEDURE.

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