

C3
SB 417/95 - FIN

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CF 6lr1848

By: Senators Trotter, Young, Hafer, Pica, Dorman, Bromwell, Lawlah, Hoffman, Hughes, and Stone Stone, Astle, Della, Derr, Madden, and Roesser

Introduced and read first time: January 31, 1996

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 1, 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; and generally
7 relating to gynecological care in health insurance.

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

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

18 Preamble

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

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

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

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

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

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

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 490Z.

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

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

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

30 (I) THE CARE IS MEDICALLY NECESSARY, INCLUDING, BUT NOT
31 LIMITED TO, CARE THAT IS ROUTINE; AND

32 (II) FOLLOWING EACH VISIT FOR GYNECOLOGICAL CARE, THE
33 OBSTETRICIAN/GYNECOLOGIST COMMUNICATES WITH THE WOMAN'S PRIMARY
34 CARE PHYSICIAN CONCERNING ANY DIAGNOSIS OR TREATMENT RENDERED.

35 **Article - Health - General**

36 19-706.

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

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

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

6 1. THE CARE IS MEDICALLY NECESSARY, INCLUDING, BUT
7 NOT LIMITED TO, CARE THAT IS ROUTINE; AND

8 2. FOLLOWING EACH VISIT FOR GYNECOLOGICAL CARE,
9 THE OBSTETRICIAN/GYNECOLOGIST COMMUNICATES WITH THE WOMAN'S PRIMARY
10 CARE PHYSICIAN CONCERNING ANY DIAGNOSIS OR TREATMENT RENDERED.

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