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**By: Delegates Goldwater and Barve**

Introduced and read first time: January 22, 1997

Assigned to: Economic Matters

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## A BILL ENTITLED

1 AN ACT concerning

**2 Benefits for Routine Gynecological Care - Coverage Requirements**

3 FOR the purpose of prohibiting insurers, nonprofit health service plans, and health  
4 maintenance organizations from requiring a woman first to obtain a referral or prior  
5 approval from the insurer, nonprofit health service plan, or health maintenance  
6 organization before receiving routine gynecological care from an in-network  
7 obstetrician/gynecologist under certain circumstances; requiring insurers, nonprofit  
8 health service plans, and health maintenance organizations to provide benefits for  
9 routine gynecological care whenever their policies or contracts cover individuals  
10 who reside and work in the State; requiring health insurance policies or contracts  
11 issued to small employers to provide benefits for routine gynecological care under  
12 certain circumstances; requiring insurers, nonprofit health service plans, and health  
13 maintenance organizations to provide a certain notice; providing for the application  
14 of this Act; providing for the effective dates of this Act; providing for the  
15 termination of certain provisions of this Act; and generally relating to providing  
16 benefits for routine gynecological care without first requiring a woman to obtain a  
17 referral or prior approval.

18 BY repealing and reenacting, with amendments,  
19 Article 48A - Insurance Code  
20 Section 490Z  
21 Annotated Code of Maryland  
22 (1994 Replacement Volume and 1996 Supplement)

23 BY repealing and reenacting, with amendments,  
24 Article - Health - General  
25 Section 19-706(l)  
26 Annotated Code of Maryland  
27 (1996 Replacement Volume and 1996 Supplement)

28 BY repealing and reenacting, with amendments,  
29 Article - Health - General  
30 Section 19-706(k)  
31 Annotated Code of Maryland  
32 (1996 Replacement Volume and 1996 Supplement)

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1 (As enacted by Chapter 24 of the Acts of the General Assembly of 1996)

2 BY repealing and reenacting, with amendments,

3 Article - Insurance

4 Section 15-816

5 Annotated Code of Maryland

6 (1995 Volume and 1996 Supplement)

7 (As enacted by Chapter \_\_\_\_ (H.B. 11) of the Acts of the General Assembly of

8 1997)

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

11 **Article 48A - Insurance Code**

12 490Z.

13 (a) Any insurer or nonprofit health service plan that provides hospital, medical, or  
14 surgical benefits for issuance or delivery in the State to any group or individual on an  
15 expense-incurred basis OR THAT COVERS INDIVIDUALS WHO RESIDE AND WORK IN  
16 THE STATE, including a health maintenance organization, shall:

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

18 (2) If the obstetrician/gynecologist chooses not to be a primary care  
19 physician, permit a woman to receive gynecological care from an in-network  
20 obstetrician/gynecologist without requiring the woman to first visit a primary care  
21 provider OR RECEIVE A REFERRAL OR PRIOR APPROVAL FROM THE INSURER,  
22 NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION,  
23 provided that:

24 (i) The care is medically necessary, including, but not limited to, care  
25 that is routine;

26 (ii) Following each visit for gynecological care, the  
27 obstetrician/gynecologist communicates with the woman's primary care physician  
28 concerning any diagnosis or treatment rendered; and

29 (iii) The obstetrician/gynecologist confers with the primary care  
30 physician before performing any diagnostic procedure that is not routine gynecological  
31 care rendered during an annual visit.

32 (b) If an insurer or nonprofit health service plan classifies an  
33 obstetrician/gynecologist as a primary care physician as provided under subsection (a) of  
34 this section, and a woman does not choose an obstetrician/gynecologist as her primary  
35 care provider, the insurer or nonprofit health service plan shall permit the woman to  
36 receive an annual visit to an in-network obstetrician/gynecologist for routine  
37 gynecological care without requiring the woman to first visit her primary care provider OR  
38 RECEIVE A REFERRAL OR PRIOR APPROVAL FROM THE INSURER OR NONPROFIT  
39 HEALTH SERVICE PLAN, whether or not the primary care provider is qualified to and  
40 regularly provides routine gynecological care.

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1 (C) EACH INSURER, NONPROFIT HEALTH SERVICE PLAN, AND HEALTH  
2 MAINTENANCE ORGANIZATION SHALL PROVIDE NOTICE TO ITS INSUREDS AND  
3 ENROLLEES ABOUT THE COVERAGE PROVIDED IN THIS SECTION.

4 (D) THIS SECTION APPLIES TO ANY HEALTH INSURANCE POLICY OR  
5 CONTRACT ISSUED TO A SMALL EMPLOYER UNDER SUBTITLE 55 OF THIS ARTICLE.

6 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland  
7 read as follows:

8 **Article - Health - General**

9 19-706.

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

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

12 (ii) If the obstetrician/gynecologist chooses not to be a primary care  
13 physician, permit a woman to receive gynecological care from an in-network  
14 obstetrician/gynecologist without requiring the woman to first visit a primary care  
15 provider OR RECEIVE A REFERRAL OR PRIOR APPROVAL FROM THE HEALTH  
16 MAINTENANCE ORGANIZATION, provided that:

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

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

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

25 (2) If a health maintenance organization classifies an  
26 obstetrician/gynecologist as a primary care physician as provided under paragraph (1) of  
27 this subsection, and a woman does not choose an obstetrician/gynecologist as her primary  
28 care provider, the health maintenance organization shall permit the woman to receive an  
29 annual visit to an in-network obstetrician/gynecologist for routine gynecological care  
30 without requiring the woman to first visit her primary care provider OR RECEIVE A  
31 REFERRAL OR PRIOR APPROVAL FROM THE HEALTH MAINTENANCE  
32 ORGANIZATION, whether or not the primary care provider is qualified to and regularly  
33 provides routine gynecological care.

34 (3) EACH HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE  
35 NOTICE TO ITS MEMBERS AND SUBSCRIBERS ABOUT THE COVERAGE PROVIDED IN  
36 THIS SECTION.

37 SECTION 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland  
38 read as follows:

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1           **Article - Health - General**

2 19-706.

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

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

5                           (ii) If the obstetrician/gynecologist chooses not to be a primary care  
6 physician, permit a woman to receive gynecological care from an in-network  
7 obstetrician/gynecologist without requiring the woman to first visit a primary care  
8 provider OR RECEIVE A REFERRAL OR PRIOR APPROVAL FROM THE HEALTH  
9 MAINTENANCE ORGANIZATION, provided that:

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

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

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

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

27                           (3) EACH HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE  
28 NOTICE TO ITS MEMBERS AND SUBSCRIBERS ABOUT THE COVERAGE PROVIDED IN  
29 THIS SECTION.

30           SECTION 4. AND BE IT FURTHER ENACTED, That the Laws of Maryland  
31 read as follows:

32           **Article - Insurance**

33 15-816.

34           (a) (1) This section applies to:

35                           [(1)] (D) insurers and nonprofit health service plans that provide hospital,  
36 medical, or surgical benefits to individuals or groups on an expense-incurred basis under  
37 health insurance policies that are issued or delivered in the State OR COVER  
38 INDIVIDUALS WHO RESIDE AND WORK IN THE STATE; and

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1                    [(2)] (II) health maintenance organizations that provide hospital, medical,  
 2 or surgical benefits to individuals or groups under contracts that are issued or delivered in  
 3 the State OR COVER INDIVIDUALS WHO RESIDE AND WORK IN THE STATE.

4                    (2) THIS SECTION APPLIES TO A HEALTH INSURANCE CONTRACT OR  
 5 POLICY THAT IS ISSUED TO A SMALL EMPLOYER UNDER SUBTITLE 12 OF THIS TITLE.

6                    (b) An entity subject to this section:

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

8                    (2) if the obstetrician/gynecologist chooses not to be a primary care  
 9 provider, shall allow a woman to receive routine gynecological care from an in-network  
 10 obstetrician/gynecologist without requiring the woman to visit a primary care provider  
 11 first OR RECEIVE A REFERRAL OR PRIOR APPROVAL FROM THE ENTITY, if:

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

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

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

19                    (c) If an entity subject to this section classifies an obstetrician/gynecologist as a  
 20 primary care provider as provided in subsection (b) of this section, and a woman does not  
 21 choose an obstetrician/gynecologist as the woman's primary care provider, the entity shall  
 22 allow the woman an annual visit to an in-network obstetrician/gynecologist for routine  
 23 gynecological care without requiring the woman to visit the woman's primary care  
 24 provider first OR RECEIVE A REFERRAL OR PRIOR APPROVAL FROM THE ENTITY,  
 25 whether or not the primary care provider is qualified to and regularly does provide  
 26 routine gynecological care.

27                    (D) EACH ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE NOTICE TO ITS  
 28 INSUREDS AND ENROLLEES ABOUT THE COVERAGE PROVIDED IN THIS SECTION.

29                    SECTION 5. AND BE IT FURTHER ENACTED, That all health insurance or  
 30 other health benefit plans subject to the provisions of this Act shall make the benefits  
 31 under this Act available on and after its effective date, notwithstanding any policy,  
 32 contract, or benefit statement to the contrary.

33                    SECTION 6. AND BE IT FURTHER ENACTED, That Section 3 of this Act shall  
 34 take effect on the taking effect of the termination provision specified in Section 2 of  
 35 Chapter 24 of the Acts of the General Assembly of 1996. If that termination provision  
 36 takes effect, Section 2 of this Act shall be void. This Act may not be interpreted to have  
 37 any effect on that termination provision.

38                    SECTION 7. AND BE IT FURTHER ENACTED, That, except for Sections 3 and  
 39 4 of this Act, this Act shall take effect June 1, 1997.

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1           SECTION 8. AND BE IT FURTHER ENACTED, That Section 4 of this Act shall  
2 take effect October 1, 1997.