

1 (v) except for a managed care organization as defined in Title 15,
2 Subtitle 1 of the Health - General Article, any other person that provides health
3 benefit plans subject to State regulation.

4 (3) (i) "Member" means an individual entitled to health care benefits
5 under a policy or plan issued or delivered in the State by a carrier.

6 (ii) "Member" includes a subscriber.

7 (4) "Provider panel" means those providers with which a carrier
8 contracts to provide services to its members.

9 (5) "Specialist" means a physician who is certified or trained to practice
10 in a specified field of medicine and who is not designated as a primary care provider
11 by the carrier.

12 (b) (1) [Each] SUBJECT TO SUBSECTION (C) OF THIS SECTION, EACH carrier
13 that does not allow direct access to specialists shall establish and implement a
14 procedure by which a member may receive a standing referral to a specialist in
15 accordance with this subsection.

16 (2) The procedure shall provide for a standing referral to a specialist if:

17 (i) the primary care physician of the member determines, in
18 consultation with the specialist, that the member needs continuing care from the
19 specialist;

20 (ii) the member has a condition or disease that:

21 1. is life threatening, degenerative, chronic, or disabling; and

22 2. requires specialized medical care; and

23 (iii) the specialist:

24 1. has expertise in treating the life-threatening,
25 degenerative, chronic, or disabling disease or condition; and

26 2. is part of the carrier's provider panel.

27 (3) A standing referral shall be made in accordance with a written
28 treatment plan for a covered service developed by:

29 (i) the primary care physician;

30 (ii) the specialist; and

31 (iii) the member.

32 (4) A treatment plan may:

- 1 (i) limit the number of visits to the specialist;
- 2 (ii) limit the period of time in which visits to the specialist are
3 authorized; and
- 4 (iii) require the specialist to communicate regularly with the
5 primary care physician regarding the treatment and health status of the member.

6 (5) The procedure by which a member may receive a standing referral to
7 a specialist may not include a requirement that a member see a provider in addition
8 to the primary care physician before the standing referral is granted.

9 (C) (1) NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION, A
10 MEMBER WHO IS PREGNANT SHALL RECEIVE A STANDING REFERRAL TO AN
11 OBSTETRICIAN IN ACCORDANCE WITH THIS SUBSECTION.

12 (2) AFTER THE MEMBER WHO IS PREGNANT RECEIVES A STANDING
13 REFERRAL TO AN OBSTETRICIAN, THE OBSTETRICIAN IS RESPONSIBLE FOR THE
14 PRIMARY MANAGEMENT OF THE MEMBER DURING THE PREGNANCY AND UNTIL 2
15 MONTHS POSTPARTUM.

16 (3) A WRITTEN TREATMENT PLAN MAY NOT BE REQUIRED WHEN A
17 STANDING REFERRAL IS TO AN OBSTETRICIAN UNDER THIS SUBSECTION.

18 [(c)] (D) (1) Each carrier shall establish and implement a procedure by
19 which a member may request a referral to a specialist who is not part of the carrier's
20 provider panel in accordance with this subsection.

21 (2) The procedure shall provide for a referral to a specialist who is not
22 part of the carrier's provider panel if:

23 (i) the member is diagnosed with a condition or disease that
24 requires specialized medical care;

25 (ii) the carrier does not have in its provider panel a specialist with
26 the professional training and expertise to treat the condition or disease; and

27 (iii) the specialist agrees to accept the same reimbursement as
28 would be provided to a specialist who is part of the carrier's provider panel.

29 [(d)] (E) A decision by a carrier not to provide access to or coverage of
30 treatment by a specialist in accordance with this section constitutes an adverse
31 decision as defined under Subtitle 10A of this title if the decision is based on a finding
32 that the proposed service is not medically necessary, appropriate, or efficient.

33 [(e)] (F) Each carrier shall file with the Commissioner a copy of each of the
34 procedures required under this section.

35 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
36 October 1, 2000.

