
By: ~~Delegates Krysiak and Goldwater, Goldwater, and Brown~~

Introduced and read first time: January 31, 2000

Assigned to: Economic Matters

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 25, 2000

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance Carriers - Standing Referral to Obstetrician for**
3 **Pregnancy**

4 FOR the purpose of requiring certain health insurance carriers ~~that do not allow~~
5 ~~direct access to specialists~~ to provide ~~members, certain members under a policy~~
6 ~~or plan~~, who are pregnant with a standing referral to an obstetrician; providing
7 that the obstetrician is responsible for the primary management of the member
8 for a certain period of time; providing that a certain written treatment plan may
9 not be required when a standing referral is to an obstetrician; and generally
10 relating to standing referrals to obstetricians for pregnancy by health insurance
11 carriers.

12 BY repealing and reenacting, with amendments,
13 Article - Insurance
14 Section 15-830
15 Annotated Code of Maryland
16 (1997 Volume and 1999 Supplement)

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

19 **Article - Insurance**

20 15-830.

21 (a) (1) In this section the following words have the meanings indicated.

22 (2) "Carrier" means:

1 (i) an insurer that offers health insurance other than long-term
2 care insurance or disability insurance;

3 (ii) a nonprofit health service plan;

4 (iii) a health maintenance organization;

5 (iv) a dental plan organization; or

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

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

11 (ii) "Member" includes a subscriber.

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

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

17 (b) (1) ~~{Each} SUBJECT TO SUBSECTION (C) OF THIS SECTION, EACH~~ carrier
18 that does not allow direct access to specialists shall establish and implement a
19 procedure by which a member may receive a standing referral to a specialist in
20 accordance with this subsection.

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

22 (i) the primary care physician of the member determines, in
23 consultation with the specialist, that the member needs continuing care from the
24 specialist;

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

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

27 2. requires specialized medical care; and

28 (iii) the specialist:

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

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

1 (3) A EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, A
2 standing referral shall be made in accordance with a written treatment plan for a
3 covered service developed by:

4 (i) the primary care physician;

5 (ii) the specialist; and

6 (iii) the member.

7 (4) A treatment plan may:

8 (i) limit the number of visits to the specialist;

9 (ii) limit the period of time in which visits to the specialist are
10 authorized; and

11 (iii) require the specialist to communicate regularly with the
12 primary care physician regarding the treatment and health status of the member.

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

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

19 (2) AFTER THE MEMBER WHO IS PREGNANT RECEIVES A STANDING
20 REFERRAL TO AN OBSTETRICIAN, THE OBSTETRICIAN IS RESPONSIBLE FOR THE
21 PRIMARY MANAGEMENT OF THE MEMBER DURING THE MEMBER'S PREGNANCY AND
22 UNTIL 2 MONTHS, INCLUDING THE ISSUANCE OF REFERRALS IN ACCORDANCE WITH
23 THE CARRIER'S POLICIES AND PROCEDURES, THROUGH THE POSTPARTUM PERIOD.

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

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

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

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

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

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

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

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

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