

SENATE BILL 502

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2000 Regular Session
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CF 0lr1988

By: **Senators Dorman, DeGrange, Hooper, Teitelbaum, Exum, Astle, and Della**

Introduced and read first time: February 4, 2000

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance Carriers - Standing Referrals to Specialists**

3 FOR the purpose of expanding the definition of "specialist" to mean, in addition to
4 certain physicians, certain other providers licensed under the Health
5 Occupations Article; and generally relating to a certain procedure by which
6 certain health insurance carriers that do not allow direct access to specialists
7 allow members to receive standing referrals to specialists.

8 BY repealing and reenacting, with amendments,
9 Article - Insurance
10 Section 15-830
11 Annotated Code of Maryland
12 (1997 Volume and 1999 Supplement)

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

15 **Article - Insurance**

16 15-830.

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

18 (2) "Carrier" means:

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

21 (ii) a nonprofit health service plan;

22 (iii) a health maintenance organization;

23 (iv) a dental plan organization; or

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 OR OTHER PROVIDER LICENSED
10 UNDER THE HEALTH OCCUPATIONS ARTICLE who is certified or trained to practice in
11 a specified field of [medicine] HEALTH CARE and who is not designated as a primary
12 care provider by the carrier.

13 (b) (1) Each carrier that does not allow direct access to specialists shall
14 establish and implement a procedure by which a member may receive a standing
15 referral to a specialist in 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) Each carrier shall establish and implement a procedure by which a
10 member may request a referral to a specialist who is not part of the carrier's provider
11 panel in accordance with this subsection.

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

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

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

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

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

24 (e) Each carrier shall file with the Commissioner a copy of each of the
25 procedures required under this section.

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