

SENATE BILL 567

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2000 Regular Session
Olr1277
CF 0lr0836

By: **Senators Exum, Conway, DeGrange, Dorman, Hooper, Mitchell, and Teitelbaum**

Introduced and read first time: February 4, 2000

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - Access to Obstetric and Gynecological Services**

3 FOR the purpose of prohibiting certain insurers, nonprofit health service plans, and
4 health maintenance organizations from limiting a woman's direct access to
5 certain obstetric and gynecological services from a certified nurse midwife or
6 certain other providers; requiring certain insurers, nonprofit health service
7 plans, and health maintenance organizations to allow a woman to choose a
8 certified nurse midwife under certain circumstances; and generally relating to
9 access to obstetric and gynecological services under health insurance.

10 BY repealing and reenacting, with amendments,

11 Article - Insurance

12 Section 15-816

13 Annotated Code of Maryland

14 (1997 Volume and 1999 Supplement)

15 BY repealing and reenacting, with amendments,

16 Article - Health - General

17 Section 19-706(l)

18 Annotated Code of Maryland

19 (1996 Replacement Volume and 1999 Supplement)

20 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

21 MARYLAND, That the Laws of Maryland read as follows:

22 **Article - Insurance**

23 15-816.

24 (a) This section applies to:

25 (1) insurers and nonprofit health service plans that provide hospital,
26 medical, or surgical benefits to individuals or groups on an expense-incurred basis
27 under health insurance policies that are issued or delivered in the State; and

1 (2) health maintenance organizations that provide hospital, medical, or
2 surgical benefits to individuals or groups under contracts that are issued or delivered
3 in the State.

4 (b) An entity subject to this section:

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

7 (2) if the obstetrician/gynecologist chooses not to be a primary care
8 provider, shall allow a woman to receive routine gynecological care from an
9 in-network obstetrician/gynecologist without requiring the woman to visit a primary
10 care provider first, if:

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

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

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

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

25 (D) (1) AN ENTITY SUBJECT TO THIS SECTION MAY NOT LIMIT A WOMAN'S
26 DIRECT ACCESS TO PRIMARY AND PREVENTIVE OBSTETRIC AND GYNECOLOGICAL
27 SERVICES FROM A CERTIFIED NURSE MIDWIFE OR ANY OTHER PROVIDER
28 AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE OBSTETRIC
29 AND GYNECOLOGICAL SERVICES.

30 (2) AN ENTITY SUBJECT TO THIS SECTION SHALL ALLOW A WOMAN TO
31 CHOOSE A CERTIFIED NURSE MIDWIFE PARTICIPATING IN THE HEALTH BENEFIT
32 PLAN IF THE CERTIFIED NURSE MIDWIFE DISCUSSES THE SERVICES AND
33 TREATMENT PLAN WITH THE WOMAN'S PRIMARY CARE PROVIDER AND INFORMS THE
34 WOMAN'S PRIMARY CARE PROVIDER OF ALL HEALTH SERVICES PROVIDED.

35 (3) AN ENTITY SUBJECT TO THIS SECTION SHALL OFFER THE WOMAN
36 THE CHOICE OF AN OBSTETRIC AND GYNECOLOGICAL PROVIDER WITHIN THE
37 HEALTH BENEFIT PLAN AND MAY NOT REQUIRE THE WOMAN TO RECEIVE
38 OBSTETRIC AND GYNECOLOGICAL SERVICES FROM A SPECIFIC CATEGORY OF
39 PROVIDER.

Article - Health - General

19-706.

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

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

(ii) If the obstetrician/gynecologist chooses not to be a primary care physician, permit a woman to receive gynecological care from an in-network obstetrician/gynecologist without requiring the woman to first visit a primary care provider, provided that:

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

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

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

(2) If a health maintenance organization classifies an obstetrician/gynecologist as a primary care physician as provided under paragraph (1) of this subsection, and a woman does not choose an obstetrician/gynecologist as her primary care provider, the health maintenance organization shall permit the woman to receive an annual visit to an in-network obstetrician/gynecologist for routine gynecological care without requiring the woman to first visit her primary care provider, whether or not the primary care provider is qualified to and regularly provides routine gynecological care.

(3) (I) A HEALTH MAINTENANCE ORGANIZATION MAY NOT LIMIT A WOMAN'S DIRECT ACCESS TO PRIMARY AND PREVENTIVE OBSTETRIC AND GYNECOLOGICAL SERVICES FROM A CERTIFIED NURSE MIDWIFE OR ANY OTHER PROVIDER AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE OBSTETRIC AND GYNECOLOGICAL SERVICES.

(II) A HEALTH MAINTENANCE ORGANIZATION SHALL ALLOW A WOMAN TO CHOOSE A CERTIFIED NURSE MIDWIFE PARTICIPATING IN THE HEALTH MAINTENANCE ORGANIZATION IF THE CERTIFIED NURSE MIDWIFE DISCUSSES THE SERVICES AND TREATMENT PLAN WITH THE WOMAN'S PRIMARY CARE PROVIDER AND INFORMS THE WOMAN'S PRIMARY CARE PROVIDER OF ALL HEALTH SERVICES PROVIDED.

(III) A HEALTH MAINTENANCE ORGANIZATION SHALL OFFER THE WOMAN THE CHOICE OF AN OBSTETRIC AND GYNECOLOGICAL PROVIDER WITHIN THE HEALTH MAINTENANCE ORGANIZATION AND MAY NOT REQUIRE THE WOMAN

1 TO RECEIVE OBSTETRIC AND GYNECOLOGICAL SERVICES FROM A SPECIFIC
2 CATEGORY OF PROVIDER.

3 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
4 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
5 on or after October 1, 2000. Any policy, contract, or health benefit plan in effect before
6 October 1, 2000 shall comply with the provisions of this Act no later than October 1,
7 2001.

8 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
9 October 1, 2000.