

SENATE BILL 567

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2000 Regular Session  
Olr1277  
CF 0lr0836

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

Introduced and read first time: February 4, 2000  
Assigned to: Finance

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Committee Report: Favorable with amendments  
Senate action: Adopted with floor amendments  
Read second time: March 21, 2000

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CHAPTER \_\_\_\_\_

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; requiring certain insurers,  
9 nonprofit health service plans, and health maintenance organizations to offer a  
10 woman a choice of an obstetric and gynecological provider within the health  
11 benefit plan; prohibiting certain insurers, nonprofit health service plans, and  
12 health maintenance organizations from requiring that a woman receive  
13 obstetric and gynecological services from a specific category of provider; and  
14 generally relating to access to obstetric and gynecological services under health  
15 insurance.

16 BY repealing and reenacting, with amendments,  
17 Article - Insurance  
18 Section 15-816  
19 Annotated Code of Maryland  
20 (1997 Volume and 1999 Supplement)

21 BY repealing and reenacting, with amendments,  
22 Article - Health - General  
23 Section 19-706(l)  
24 Annotated Code of Maryland

1 (1996 Replacement Volume and 1999 Supplement)

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

4 **Article - Insurance**

5 15-816.

6 (a) This section applies to:

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

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

13 (b) An entity subject to this section:

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

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

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

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

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

27 (c) If an entity subject to this section classifies an obstetrician/gynecologist as  
28 a primary care provider as provided in subsection (b) of this section, and a woman  
29 does not choose an obstetrician/gynecologist as the woman's primary care provider,  
30 the entity shall allow the woman an annual visit to an in-network  
31 obstetrician/gynecologist for routine gynecological care without requiring the woman  
32 to visit the woman's primary care provider first, whether or not the primary care  
33 provider is qualified to and regularly does provide routine gynecological care.

34 (D) (1) AN ENTITY SUBJECT TO THIS SECTION MAY NOT LIMIT A WOMAN'S  
35 DIRECT ACCESS TO PRIMARY AND PREVENTIVE OBSTETRIC AND GYNECOLOGICAL  
36 SERVICES FROM A CERTIFIED NURSE MIDWIFE ~~OR ANY OTHER PROVIDER~~

~~1 AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE OBSTETRIC  
2 AND GYNECOLOGICAL SERVICES.~~

3 (2) AN ENTITY SUBJECT TO THIS SECTION SHALL ALLOW A WOMAN TO  
4 CHOOSE A CERTIFIED NURSE MIDWIFE PARTICIPATING IN THE HEALTH BENEFIT  
5 PLAN IF THE CERTIFIED NURSE MIDWIFE DISCUSSES THE SERVICES AND  
6 TREATMENT PLAN WITH THE WOMAN'S PRIMARY CARE PROVIDER AND INFORMS THE  
7 WOMAN'S PRIMARY CARE PROVIDER OF ALL HEALTH SERVICES PROVIDED.

8 (3) AN ENTITY SUBJECT TO THIS SECTION SHALL OFFER THE WOMAN  
9 THE CHOICE OF AN OBSTETRIC AND GYNECOLOGICAL PROVIDER WITHIN THE  
10 HEALTH BENEFIT PLAN AND MAY NOT REQUIRE THE WOMAN TO RECEIVE  
11 OBSTETRIC AND GYNECOLOGICAL SERVICES FROM A SPECIFIC CATEGORY OF  
12 PROVIDER.

### 13 Article - Health - General

14 19-706.

15 (1) (1) A health maintenance organization shall:

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

18 (ii) 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, provided that:

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

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

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

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

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

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

12          (III)   A HEALTH MAINTENANCE ORGANIZATION SHALL OFFER THE  
13 WOMAN THE CHOICE OF AN OBSTETRIC AND GYNECOLOGICAL PROVIDER WITHIN  
14 THE HEALTH MAINTENANCE ORGANIZATION AND MAY NOT REQUIRE THE WOMAN  
15 TO RECEIVE OBSTETRIC AND GYNECOLOGICAL SERVICES FROM A SPECIFIC  
16 CATEGORY OF PROVIDER.

17   SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all  
18 policies, contracts, and health benefit plans issued, delivered, or renewed in the State  
19 on or after October 1, 2000. Any policy, contract, or health benefit plan in effect before  
20 October 1, 2000 shall comply with the provisions of this Act no later than October 1,  
21 2001.

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