
By: **Delegate Brown**
Introduced and read first time: January 26, 2001
Assigned to: Economic Matters

Committee Report: Favorable with amendments
House action: Adopted
Read second time: March 7, 2001

CHAPTER _____

1 AN ACT concerning

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

3 FOR the purpose of altering the definition of "specialist" to mean certain individuals
4 who are authorized under the Health Occupations Article to provide health care
5 in the ordinary course of business or practice of a profession and who are not
6 designated as primary care physicians; authorizing a certain procedure to
7 include a requirement that a certain member see a provider in addition to the
8 primary care physician before a standing referral is granted; providing for the
9 application of this Act; and generally relating to certain procedures by which
10 certain health insurance carriers that do not allow direct access to specialists
11 allow members to receive ~~standing~~ referrals to specialists.

12 BY repealing and reenacting, with amendments,
13 Article - Insurance
14 Section 15-830
15 Annotated Code of Maryland
16 (1997 Volume and 2000 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] AN INDIVIDUAL WHO:

17 (I) IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER
18 THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE IN THE ORDINARY
19 COURSE OF BUSINESS OR PRACTICE OF A PROFESSION; AND

20 (II) IS NOT DESIGNATED BY THE CARRIER AS A PRIMARY CARE
21 PHYSICIAN.

22 (b) (1) Each carrier that does not allow direct access to specialists shall
23 establish and implement a procedure by which a member may receive a standing
24 referral to a specialist in accordance with this subsection.

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

26 (i) the primary care physician of the member determines, in
27 consultation with the specialist, that the member needs continuing care from the
28 specialist;

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

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

31 2. requires specialized medical care; and

32 (iii) the specialist:

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

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

4 (3) Except as provided in subsection (c) of this section, a standing
5 referral shall be made in accordance with a written treatment plan for a covered
6 service developed by:

7 (i) the primary care physician;

8 (ii) the specialist; and

9 (iii) the member.

10 (4) A treatment plan may:

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

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

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

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

19 (c) (1) Notwithstanding any other provision of this section, a member who is
20 pregnant shall receive a standing referral to an obstetrician in accordance with this
21 subsection.

22 (2) After the member who is pregnant receives a standing referral to an
23 obstetrician, the obstetrician is responsible for the primary management of the
24 member's pregnancy, including the issuance of referrals in accordance with the
25 carrier's policies and procedures, through the postpartum period.

26 (3) A written treatment plan may not be required when a standing
27 referral is to an obstetrician under this subsection.

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

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

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

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

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

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

9 (f) Each carrier shall file with the Commissioner a copy of each of the
10 procedures required under this section.

11 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to
12 referrals made under policies, contracts, and health benefit plans issued, delivered, or
13 renewed in the State on or after October 1, 2001.

14 ~~SECTION 2.~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take
15 effect October 1, 2001.