

SENATE BILL 332

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2001 Regular Session
1r2455
CF HB 285

By: **Senator Dorman**

Introduced and read first time: January 31, 2001

Assigned to: Finance

A BILL ENTITLED

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 generally
6 relating to certain procedures by which certain health insurance carriers that do
7 not allow direct access to specialists allow members to receive standing referrals
8 to specialists.

9 BY repealing and reenacting, with amendments,

10 Article - Insurance

11 Section 15-830

12 Annotated Code of Maryland

13 (1997 Volume and 2000 Supplement)

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

16 **Article - Insurance**

17 15-830.

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

19 (2) "Carrier" means:

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

22 (ii) a nonprofit health service plan;

23 (iii) a health maintenance organization;

24 (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 who is certified or trained to practice
10 in a specified field of medicine and who is not designated as a primary care provider
11 by the carrier] AN INDIVIDUAL WHO:

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

15 (II) IS NOT A PRIMARY CARE PHYSICIAN.

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

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

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

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

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

25 2. requires specialized medical care; and

26 (iii) the specialist:

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

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

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

33 (i) the primary care physician;

1 (ii) the specialist; and

2 (iii) the member.

3 (4) A treatment plan may:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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