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By: **Delegate Costa**

Introduced and read first time: January 21, 2004

Assigned to: Health and Government Operations

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A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - Standing Referrals to Specialists - Treatment Plans**

3 FOR the purpose of requiring a certain treatment plan to provide for an initial  
4 referral that allows a member at least a certain number of visits to a specialist  
5 without having to obtain an additional referral from the member's primary care  
6 provider; providing that this Act does not apply to certain services; and  
7 generally relating to coverage of specialist services by health insurance carriers.

8 BY repealing and reenacting, with amendments,  
9 Article - Insurance  
10 Section 15-830  
11 Annotated Code of Maryland  
12 (2002 Replacement Volume and 2003 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 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.

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

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

16 (i) the primary care physician of the member determines, in  
17 consultation with the specialist, that the member needs continuing care from the  
18 specialist;

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

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

21 2. requires specialized medical care; and

22 (iii) the specialist:

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

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

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

29 (i) the primary care physician;

30 (ii) the specialist; and

31 (iii) the member.

32 (4) [A] SUBJECT TO PARAGRAPH (5) OF THIS SUBSECTION, A treatment  
33 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) (I) THIS PARAGRAPH DOES NOT APPLY TO SURGICAL OR  
7 OBSTETRIC SERVICES.

8 (II) A TREATMENT PLAN SHALL PROVIDE FOR AN INITIAL  
9 REFERRAL THAT ALLOWS A MEMBER AT LEAST FIVE VISITS TO A SPECIALIST  
10 WITHOUT HAVING TO OBTAIN AN ADDITIONAL REFERRAL FROM THE MEMBER'S  
11 PRIMARY CARE PROVIDER.

12 [(5)] (6) The procedure by which a member may receive a standing  
13 referral to a specialist may not include a requirement that a member see a provider in  
14 addition to the primary care physician before the standing referral is granted.

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

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

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

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

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

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

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

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

35 (e) A decision by a carrier not to provide access to or coverage of treatment by  
36 a specialist in accordance with this section constitutes an adverse decision as defined

1 under Subtitle 10A of this title if the decision is based on a finding that the proposed  
2 service is not medically necessary, appropriate, or efficient.

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

5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
6 October 1, 2004.