

HOUSE BILL 519

C3

71r2574
CF SB 263

By: **Delegates Bromwell, Cardin, DeBoy, Donoghue, Hubbard, Malone, Oaks, and Schuler**

Introduced and read first time: February 7, 2007

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Carrier Provider Panels – Nonphysician Specialists**

3 FOR the purpose of requiring a health insurance carrier to establish and implement a
4 certain procedure for requesting a referral to a nonphysician specialist who is
5 not part of the carrier’s provider panel; providing that a certain decision by a
6 health insurance carrier constitutes an adverse decision under certain
7 circumstances; defining a certain term; and generally relating to health
8 insurance carrier provider panels and nonphysician specialists.

9 BY repealing and reenacting, with amendments,
10 Article – Insurance
11 Section 15–830
12 Annotated Code of Maryland
13 (2006 Replacement Volume and 2006 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:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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
7 15, 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
10 benefits under a policy or plan issued or delivered in the State by a carrier.

11 (ii) “Member” includes a subscriber.

12 (4) **“NONPHYSICIAN SPECIALIST” MEANS A HEALTH CARE**
13 **PROVIDER WHO:**

14 (I) **IS NOT A PHYSICIAN;**

15 (II) **IS LICENSED OR CERTIFIED UNDER THE HEALTH**
16 **OCCUPATIONS ARTICLE; AND**

17 (III) **IS CERTIFIED OR TRAINED TO TREAT A SPECIFIED**
18 **CONDITION OR DISEASE.**

19 [(4)] (5) “Provider panel” has the meaning stated in § 15–112(a) of
20 this title.

21 [(5)] (6) “Specialist” means a physician who is certified or trained to
22 practice in a specified field of medicine and who is not designated as a primary care
23 provider by the carrier.

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

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

3 (i) the primary care physician of the member determines, in
4 consultation with the specialist, that the member needs continuing care from the
5 specialist;

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

7 1. is life threatening, degenerative, chronic, or disabling;

8 and

9 2. requires specialized medical care; and

10 (iii) the specialist:

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

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

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

17 (i) the primary care physician;

18 (ii) the specialist; and

19 (iii) the member.

20 (4) A treatment plan may:

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

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

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

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

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

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

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

13 (d) (1) Each carrier shall establish and implement a procedure by which a
14 member may request a referral to a specialist **OR NONPHYSICIAN SPECIALIST** who is
15 not part of the carrier's provider panel in accordance with this subsection.

16 (2) The procedure shall provide for a referral to a specialist **OR**
17 **NONPHYSICIAN SPECIALIST** who is not part of the carrier's provider panel if:

18 (i) the member is diagnosed with a condition or disease that
19 requires specialized medical care; and

20 (ii) 1. the carrier does not have in its provider panel a
21 specialist **OR NONPHYSICIAN SPECIALIST** with the professional training and
22 expertise to treat the condition or disease; or

23 2. the carrier cannot provide reasonable access to a
24 specialist **OR NONPHYSICIAN SPECIALIST** with the professional training and
25 expertise to treat the condition or disease without unreasonable delay or travel.

26 (e) For purposes of calculating any deductible, copayment amount, or
27 coinsurance payable by the member, a carrier shall treat services received in
28 accordance with subsection (d) of this section as if the service was provided by a
29 provider on the carrier's provider panel.

30 (f) A decision by a carrier not to provide access to or coverage of treatment
31 by a specialist **OR NONPHYSICIAN SPECIALIST** in accordance with this section
32 constitutes an adverse decision as defined under Subtitle 10A of this title if the

1 decision is based on a finding that the proposed service is not medically necessary,
2 appropriate, or efficient.

3 (g) 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, 2007.