SENATE BILL 263

C3 7lr1410

By: **Senators Klausmeier, Astle, Exum, and Pinsky**
Introduced and read first time: January 29, 2007
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: February 21, 2007

CHAPTER _____

AN ACT concerning

Health Insurance – Carrier Provider Panels – Nonphysician Specialists

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

BY repealing and reenacting, with amendments,
Article – Insurance
Section 15–830
Annotated Code of Maryland
(2006 Replacement Volume and 2006 Supplement)

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

Article – Insurance

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW**.
[Brackets**]** indicate matter deleted from existing law.
Underlining indicates amendments to bill.
~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

15–830.

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

(2) "Carrier" means:

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

(ii) a nonprofit health service plan;

(iii) a health maintenance organization;

(iv) a dental plan organization; or

(v) except for a managed care organization as defined in Title 15, Subtitle 1 of the Health – General Article, any other person that provides health benefit plans subject to State regulation.

(3) (i) "Member" means an individual entitled to health care benefits under a policy or plan issued or delivered in the State by a carrier.

(ii) "Member" includes a subscriber.

(4) "NONPHYSICIAN SPECIALIST" MEANS A HEALTH CARE PROVIDER WHO:

(I) IS NOT A PHYSICIAN;

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

(III) IS CERTIFIED OR TRAINED TO TREAT OR PROVIDE HEALTH CARE SERVICES FOR A SPECIFIED CONDITION OR DISEASE IN A MANNER THAT IS WITHIN THE SCOPE OF THE LICENSE OR CERTIFICATION OF THE HEALTH CARE PROVIDER.

[(4)**]** **(5)** "Provider panel" has the meaning stated in § 15–112(a) of this title.

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

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

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

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

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

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

2. requires specialized medical care; and

(iii) the specialist:

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

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

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

(i) the primary care physician;

(ii) the specialist; and

(iii) the member.

(4) A treatment plan may:

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

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

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

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

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

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

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

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

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

(i) the member is diagnosed with a condition or disease that requires specialized **HEALTH CARE SERVICES OR** medical care; and

(ii) 1. the carrier does not have in its provider panel a specialist **OR NONPHYSICIAN SPECIALIST** with the professional training and expertise to treat **OR PROVIDE HEALTH CARE SERVICES FOR** the condition or disease; or

2. the carrier cannot provide reasonable access to a specialist **OR NONPHYSICIAN SPECIALIST** with the professional training and expertise to treat **OR PROVIDE HEALTH CARE SERVICES FOR** the condition or disease without unreasonable delay or travel.

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

(f) A decision by a carrier not to provide access to or coverage of treatment **OR HEALTH CARE SERVICES** by a specialist **OR NONPHYSICIAN SPECIALIST** in accordance with this section constitutes an adverse decision as defined under Subtitle 10A of this title if the decision is based on a finding that the proposed service is not medically necessary, appropriate, or efficient.

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

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after October 1, 2007.

SECTION ~~2.~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2007.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.