

THIS SECTION APPLIES TO:

(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(B) CLASSIFICATION AS PRIMARY CARE PROVIDER; ROUTINE CARE.

AN ENTITY SUBJECT TO THIS SECTION:

(1) SHALL CLASSIFY AN OBSTETRICIAN/GYNECOLOGIST AS A PRIMARY CARE PROVIDER; OR

(2) IF THE OBSTETRICIAN/GYNECOLOGIST CHOOSES NOT TO BE A PRIMARY CARE PROVIDER, SHALL ALLOW A WOMAN TO RECEIVE ROUTINE GYNECOLOGICAL CARE FROM AN IN-NETWORK OBSTETRICIAN/GYNECOLOGIST WITHOUT REQUIRING THE WOMAN TO VISIT A PRIMARY CARE PROVIDER FIRST, IF:

(I) THE CARE IS MEDICALLY NECESSARY, INCLUDING CARE THAT IS ROUTINE;

(II) AFTER EACH VISIT FOR GYNECOLOGICAL CARE, THE OBSTETRICIAN/GYNECOLOGIST COMMUNICATES WITH THE WOMAN'S PRIMARY CARE PROVIDER ABOUT ANY DIAGNOSIS OR TREATMENT RENDERED; AND

(III) THE OBSTETRICIAN/GYNECOLOGIST CONFERS WITH THE PRIMARY CARE PROVIDER BEFORE PERFORMING ANY DIAGNOSTIC PROCEDURE THAT IS NOT ROUTINE GYNECOLOGICAL CARE RENDERED DURING AN ANNUAL VISIT.

(C) ANNUAL VISITS TO IN-NETWORK PHYSICIANS REQUIRED.

IF AN ENTITY SUBJECT TO THIS SECTION CLASSIFIES AN OBSTETRICIAN/GYNECOLOGIST AS A PRIMARY CARE PROVIDER AS PROVIDED IN SUBSECTION (B) OF THIS SECTION, AND A WOMAN DOES NOT CHOOSE AN OBSTETRICIAN/GYNECOLOGIST AS THE WOMAN'S PRIMARY CARE PROVIDER, THE ENTITY SHALL ALLOW THE WOMAN AN ANNUAL VISIT TO AN IN-NETWORK OBSTETRICIAN/GYNECOLOGIST FOR ROUTINE GYNECOLOGICAL CARE WITHOUT REQUIRING THE WOMAN TO VISIT THE WOMAN'S PRIMARY CARE PROVIDER FIRST, WHETHER OR NOT THE PRIMARY CARE PROVIDER IS QUALIFIED TO AND REGULARLY DOES PROVIDE ROUTINE GYNECOLOGICAL CARE.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 490Z.

In subsection (a)(1) of this section, the reference to hospital, medical, or surgical benefits provided "under health insurance policies" issued or delivered in the State is added for clarity.