

(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