

By Ms. Chandler of Worcester, petition of David M. Peters, A. Stephen Tobin and Harriette L. Chandler for legislation to provide direct access to obstetricians and gynecologists. Health Care.

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Ninety-Nine.

AN ACT TO PROVIDE DIRECT ACCESS TO OB/GYN SERVICES.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 The General Laws, as appearing in the 1996 Official Edition,
2 are hereby amended by inserting after chapter 176N the following
3 chapter:—

CHAPTER 176O.

Managed Care Consumer Protections.

6 Section 1. For the purposes of this chapter, the following words
7 shall have the following meanings:

8 "Covered individual", a resident of the commonwealth on
9 whose behalf a third-party payor makes payments to health care
10 providers.

11 "Health care provider network", an entity that directly employs
12 or enters into contracts with health care professionals and facilities
13 under which the professionals and facilities agree to provide
14 health services to covered individuals for whom the entity has
15 agreed to arrange for health services. A health care provider net-
16 work may be a third-party payor or the agent of a third-party
17 payor.

18 "Managed care organization", an entity employing a means of
19 providing or arranging for the provision of health care services
20 within a health care provider network which include without
21 being limited to: (a) managed care indemnity plans licensed pur-
22 suant to chapter 175, hospital service corporations licensed pur-

23 suant to chapter 176A, medical service corporations licensed pur-
24 suant to chapter 176B, and health maintenance organizations
25 licensed pursuant to chapter 176G; (b) any other entity or organi-
26 zation that provides a defined set of health care services to
27 enrollees of the organization; or (c) an organization that performs
28 quality assurance, utilization review and benefit or coverage
29 determinations on behalf of a managed care organization.

30 “Third-party payor”, an entity, including a managed care orga-
31 nization, which agrees to pay for some or all health services pro-
32 vided to a resident of the commonwealth.

33 Section 2. No managed care organization shall required a cov-
34 ered individual to obtain a referral or prior authorization from a
35 primary care physician for the following specialty care provided
36 by an obstetrician or gynecologist participating in such managed
37 care organizations health care provider network: (1) annual pre-
38 ventive gynecologic health examinations, including any subse-
39 quent obstetric or gynecological services determined by such
40 obstetrician or gynecologist to be medically necessary as a result
41 of such examination; (2) maternity care; and (3) medically neces-
42 sary evaluations and resultant health care services for acute or
43 emergency gynecologic conditions. No managed care organization
44 shall require higher copayments, coinsurance, deductibles, or
45 other enrollee cost sharing arrangements for such services pro-
46 vided to such covered individuals in absence of a referral from a
47 primary care physician.