

**§2332-G. Gynecological and obstetrical services****(REALLOCATED FROM TITLE 24, SECTION 2332-F)**

**1. Coverage in managed care plans.** With respect to managed care plans that require subscribers to select primary care physicians, a nonprofit hospital and medical service organization that issues group contracts and certificates must meet the following requirements.

A. The organization must permit a physician who specializes in obstetrics and gynecology to serve as a primary care physician if the physician qualifies under the organization's credentialing policy. [RR 1995, c. 2, §49 (RAL); RR 1995, c. 2, §50 (AFF).]

B. All group plan contracts must provide coverage for an annual gynecological examination, including routine pelvic and clinical breast examinations, performed by a physician, certified nurse practitioner or certified nurse midwife participating in the plan, without requiring the prior approval of the primary care physician. [RR 1995, c. 2, §49 (RAL); RR 1995, c. 2, §50 (AFF).]

C. If the examination specified in paragraph B reveals a gynecological condition for which another visit to the physician participating in the plan is medically required and appropriate, or for any gynecological care beyond the annual examination, the carrier may require the patient or the examining physician, certified nurse practitioner or certified nurse midwife to secure from the patient's primary care physician a referral to the participating physician, certified nurse practitioner or certified nurse midwife from whom such care may be obtained. [RR 1995, c. 2, §49 (RAL); RR 1995, c. 2, §50 (AFF).]

[PL 2003, c. 517, Pt. A, §4 (AMD); PL 2003, c. 517, Pt. A, §13 (AFF).]

**2. Application.** This section applies to all contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

[PL 2003, c. 517, Pt. A, §4 (AMD); PL 2003, c. 517, Pt. A, §13 (AFF).]

This section does not prohibit a carrier from requiring a physician, certified nurse practitioner or certified nurse midwife participating in the plan to inform a woman's primary care physician prior to each treatment pursuant to this section. [RR 1995, c. 2, §49 (RAL); RR 1995, c. 2, §50 (AFF).]

**SECTION HISTORY**

RR 1995, c. 2, §49 (RAL). RR 1995, c. 2, §50 (AFF). PL 2003, c. 517, §A4 (AMD). PL 2003, c. 517, §A13 (AFF).

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