

BILL ANALYSIS

Senate Research Center

S.B. 54
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Economic Development
2-23-97
As Filed

DIGEST

Currently, Texas law does not require a health benefit plan to allow a woman to select an obstetrician or gynecologist in addition to a primary care physician. Furthermore, most plans allow a woman only one well-woman examination per year and require a woman to obtain a referral from her primary care physician before seeing her obstetrician or gynecologist for female-related care needs. This bill would require a health benefit plan to allow a woman to designate, in addition to a primary care physician, an obstetrician or gynecologist to provide health care services within his or her speciality. In addition, a woman would be allowed to have direct access to her obstetrician or gynecologist without having to first obtain a referral from a primary care physician.

PURPOSE

As proposed, S.B. 54 requires a health benefit plan to allow a woman who is covered under the plan to select, in addition to a primary care physician, an obstetrician or gynecologist without a referral from her primary care physician.

RULEMAKING AUTHORITY

Rulemaking authority is granted to the commissioner of insurance under SECTION 1 (Section 6, Article 21.53D, Insurance Code), of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 21E, Insurance Code, by adding Article 21.53D, as follows:

Art. 21.53D. ACCESS TO CERTAIN OBSTETRIC OR GYNECOLOGICAL CARE

Sec. 1. DEFINITIONS. Defines "enrollee," "health benefit plan," "physician," and "primary care physician."

Sec 2. APPLICATION. Provides that this article applies to each health benefit plan that requires an enrollee to obtain certain specialty health care services through a referral made by a primary care physician or another person.

Sec. 3. DESIGNATION OF OBSTETRICIAN OR GYNECOLOGIST. Requires each health benefit plan subject to this article to permit a woman who is entitled to coverage to select, in addition to a primary care physician, an obstetrician or gynecologist to provide health care services within the scope of professional specialty practice of a properly credentialed obstetrician or gynecologist. Requires the plan to include a number of properly credentialed obstetricians and gynecologists sufficient to ensure access to the services that fall within the scope of that credential.

Sec. 4. DIRECT ACCESS. Provides that a woman who designates an obstetrician or gynecologist as provided under Section 3 of this article is entitled to direct access to that doctor without a referral by the woman's primary care physician.

Sec. 5. NOTICE. Requires each health benefit plan to provide appropriate written notice to persons covered by the plan of the access to health care services required by this article.

Sec. 6. RULES. Requires the commissioner of insurance to adopt rules as necessary to implement this article.

SECTION 2. Makes application of this Act prospective to January 1, 1998.

SECTION 3. Effective date: September 1, 1997.

SECTION 4. Emergency clause.