

ASSEMBLY BILL

No. 259

Introduced by Assembly Member Skinner

February 11, 2009

An act to amend Section 1367.695 of the Health and Safety Code, and to amend Section 10123.84 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 259, as introduced, Skinner. Health care coverage: certified nurse-midwives: direct access.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.

Existing law requires a health care service plan contract or health insurance policy to allow an enrollee or policyholder the option to seek obstetrical and gynecological physician services directly from an obstetrician and gynecologist or a family practice physician and surgeon, subject to specified provisions established by the plan or insurer.

This bill would additionally require a health care service plan contract or health insurance policy to allow an enrollee or policyholder the option to seek obstetrical and gynecological services from a certified nurse-midwife, as specified. The bill would specify that a violation of this requirement with respect to health care service plans shall not be a crime. The bill would also make other conforming changes and would delete certain obsolete language.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1367.695 of the Health and Safety Code
2 is amended to read:

3 1367.695. (a) The Legislature finds and declares that the
4 unique, private, and personal relationship between women patients
5 and their ~~obstetricians~~ *obstetrical* and ~~gynecologists~~ *gynecological*
6 *providers* warrants direct access to obstetrical and gynecological
7 ~~physician~~ services.

8 (b) Commencing January 1, ~~1999~~ *2010*, every health care service
9 plan contract issued, amended, renewed, or delivered in this state,
10 except a specialized health care service plan *contract*, shall allow
11 an enrollee the option to seek obstetrical and gynecological
12 ~~physician~~ services directly from *a any of the following health care*
13 *providers, provided that the services fall within the scope of*
14 *practice of that provider:*

15 (1) A participating obstetrician and ~~gynecologist~~ *or directly from*
16 *a gynecologist.*

17 (2) *A participating certified nurse-midwife.*

18 (3) A participating family practice physician and surgeon
19 designated by the plan as providing obstetrical and gynecological
20 services.

21 (c) In implementing this section, a health care service plan may
22 establish reasonable provisions governing utilization protocols and
23 the use of obstetricians and gynecologists, *certified nurse-midwives*,
24 or family practice physicians and surgeons, as provided for in
25 subdivision (b), participating in the plan network, medical group,
26 or independent practice association, provided that these provisions
27 shall be consistent with the intent of this section and shall be those
28 customarily applied to other physicians and surgeons, such as
29 primary care physicians and surgeons, to whom the enrollee has
30 direct access, and shall not be more restrictive for the provision
31 of obstetrical and gynecological ~~physician~~ services. An enrollee
32 shall not be required to obtain prior approval from another
33 physician, another provider, or the health care service plan prior
34 to obtaining direct access to obstetrical and gynecological ~~physician~~
35 services, but the plan may establish reasonable requirements for

1 the participating obstetrician and gynecologist, *certified*
2 *nurse-midwife*, or family practice physician and surgeon, as
3 provided for in subdivision (b), to communicate with the enrollee's
4 primary care physician and surgeon regarding the enrollee's
5 condition, treatment, and any need for followup care.

6 (d) This section shall not be construed to diminish the provisions
7 of Section 1367.69.

8 ~~(e) The Department of Managed Health Care shall report to the~~
9 ~~Legislature, on or before January 1, 2000, on the implementation~~
10 ~~of this section.~~

11 *(e) Notwithstanding Section 1390, a violation of this section,*
12 *as it related to direct access to nurse-midwives, the amendments*
13 *made to this section by the act adding this subdivision shall not*
14 *be a crime.*

15 SEC. 2. Section 10123.84 of the Insurance Code is amended
16 to read:

17 10123.84. (a) The Legislature finds and declares that the
18 unique, private, and personal relationship between women patients
19 and their ~~obstetricians~~ *obstetrical* and ~~gynecologists~~ *gynecological*
20 *providers* warrants direct access to obstetrical and gynecological
21 ~~physician~~ services.

22 (b) Commencing January 1, ~~1999~~, *2010*, every policy of
23 ~~disability insurance that covers hospital, medical, or surgical~~
24 ~~expenses, and health insurance~~ that is issued, amended, delivered,
25 or renewed in this state, shall allow a policyholder the option to
26 seek obstetrical and gynecological ~~physician~~ services directly from
27 ~~an~~ *any of the following health care providers, provided that the*
28 *services fall within the scope of practice of that provider:*

29 *(1) An obstetrician and ~~gynecologist or directly from a~~*
30 *gynecologist.*

31 *(2) A certified nurse-midwife.*

32 *(3) A participating family practice physician and surgeon*
33 *designated by the ~~plan insurer~~ as providing obstetrical and*
34 *gynecological services.*

35 (c) In implementing this section, ~~a disability~~ *an* insurer may
36 establish reasonable provisions governing utilization protocols and
37 the use of obstetricians and gynecologists, *certified nurse-midwives*,
38 or family practice physicians and surgeons, as provided for in
39 subdivision (b), provided that these provisions shall be consistent
40 with the intent of this section and shall be those customarily applied

1 to other physicians and surgeons, including primary care physicians
2 and surgeons, to whom the policyholder has direct access, and
3 shall not be more restrictive for the provision of obstetrical and
4 gynecological-physician services. A policyholder shall not be
5 required to obtain prior approval from another physician, another
6 provider, or the insurer prior to obtaining direct access to obstetrical
7 and gynecological-physician services, but the insurer may establish
8 reasonable requirements for the participating obstetrician and
9 gynecologist, *the certified nurse-midwife*, or the family practice
10 physician and surgeon, as provided in subdivision (b), to
11 communicate with the policyholder's primary care physician
12 regarding the policyholder's condition, treatment, and any need
13 for followup care.

14 (d) This section shall not be construed to diminish the provisions
15 of Section 10123.83.

16 ~~(e) The Insurance Commissioner shall report to the Legislature,~~
17 ~~on or before January 1, 2000, on the implementation of this section.~~