

**Senate Bill 152 as passed by the Senate
First Analysis (5-28-98)**

**Sponsor: Sen. Leon Stille
Committee: Health Policy**

THE APPARENT PROBLEM:

Among the many health care reform initiatives currently sweeping the country is a move to provide women with greater access to obstetrician-gynecologists (ob-gyns). By mid-1997, at least 26 states had passed some form of direct patient access laws. Where some states have adopted laws to require insurance carriers to allow women to designate ob-gyns as primary care physicians, other states have concentrated on providing direct access for routine examinations.

The importance of access to this physician specialty was underscored by a 1993 Gallop Poll that revealed that women examined by ob-gyns were far more likely to receive certain preventative or primary services such as pelvic exams (performed in 94 percent of office visits to ob-gyns as compared to 35 percent by other physician groups), pap smears to detect cervical cancer and other abnormalities (94 percent vs. 33 percent), clinical breast exams (88 percent vs. 46 percent), and referrals for mammograms (43 percent vs. 26 percent). Older women aged 55-65, who are at a greater risk for breast cancer, had a mammogram referral rate of 79 percent by ob-gyns as compared to 57 percent by other physicians. Other literature reveals that a significant number of women see an ob-gyn almost exclusively, receiving a full-line of health services in addition to reproductive and menopause care and counseling. In short, it is not uncommon for women to have the majority of their preventive health screening and examinations performed by ob-gyns.

The 1993 poll also revealed that almost one quarter of women with insurance must first obtain a referral from a primary care physician or "gatekeeper" before seeing an ob-gyn. This practice often results in unnecessary delays in obtaining services and increased costs associated with additional co-pays, time off from work for extra appointments, and transportation costs. In addition, some stories have surfaced about primary care physicians refusing to refer patients to ob-gyns, insisting instead on performing the examinations and even some in-office surgical procedures themselves.

Reportedly, in some of the cases, women have been adversely affected by delays in treatment or having procedures performed by primary care physicians that were best left to a specialist in obstetrics and gynecology.

Though recent changes in insurance laws in the state have clarified appeal procedures for denial of referrals or refusal to cover certain services, many feel that in light of the growing body of information regarding the importance of care by ob-gyns, the insurance laws should be further amended to allow women direct access to ob-gyns for annual exams and routine obstetric and gynecologic services.

THE CONTENT OF THE BILL:

The bill would amend the Nonprofit Health Care Corporation Reform Act, which applies to group and nongroup certificates of Blue Cross and Blue Shield of Michigan, to allow a female member to see a participating obstetrician-gynecologist without prior authorization or referral for annual well-woman examinations and routine obstetrical and gynecologic services for those plans that provide for these types of services. An insurer could require prior authorization for access to a nonaffiliated obstetrician-gynecologist. Further, a description of this benefit would have to be provided in writing by the health care corporation to the individual or group purchaser of coverage.

MCL 550.401f

BACKGROUND INFORMATION:

The bill is nearly identical to House Bill 4781 which was part of a bill package to provide women with direct access to services provided by obstetrician-gynecologists that passed the House earlier this year. (For more information, see the House Legislative Analysis Section's analysis of House Bills 4779, 4780, and 4781 dated 3-18-98.)

FISCAL IMPLICATIONS:

According to the Senate Fiscal Agency, the bill would not have a fiscal impact on state or local government. (5-13-98)

ARGUMENTS:**For:**

The bill does not impose a costly mandate on insurers since current laws do not require Blue Cross and Blue Shield of Michigan/Blue Care Network to provide such services as a covered benefit, but leave it up to employers to build a plan that meets the needs of their employees. The bill would only affect these insurers if the plan requires a member to designate a primary care physician and if such services are a covered benefit. Typically, plans offered under this act do not require any type of a gatekeeper, and so women are already free to seek care by ob-gyns. However, given the changing climate of health insurance, the bill would ensure that women would continue to have direct access to their ob-gyns.

Against:

The bill would have little significant impact, as approximately 60 to 70 percent of Michigan's insured women are covered by "self-insured" plans, which are regulated by federal ERISA laws and so are exempt from state regulation. Senate Bill 152 apparently would have no impact, as plans offered by Blue Cross and Blue Shield of Michigan and Blue Care Network do not require members to designate a primary care physician and so would not be covered by the bill.

POSITIONS:

The Department of Community Health supports the bill.

Analyst: S. Stutzky

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.