

OB-GYN REFERRALS

House Bill 5007

Sponsor: Rep. Alan Sanborn

House Bill 5008

Sponsor: Rep. Sandra Caul

Committee: Insurance and Financial
Services

Complete to 10-8-01

A SUMMARY OF HOUSE BILLS 5007 AND 5008 AS INTRODUCED 7-10-01

Legislation enacted in 1998 required health insurers to allow a female enrollee or member to see a participating obstetrician-gynecologist (ob-gyn) without prior authorization or referral for annual well-woman examinations and routine obstetrical and gynecologic services for those plans that require a female enrollee or member to designate a primary care provider. House Bills 5007 and 5008 would require the same insurers to allow an ob-gyn to refer an enrollee or member to another ob-gyn for obstetrical-gynecologic services or to a perinatologist or other provider of prenatal care for prenatal care during a pregnancy without requiring the referral to come from the enrollee's or member's primary care provider. However, both the referring ob-gyn, and the ob-gyn or perinatologist (or other provider of prenatal care) to whom the member or enrollee were referred, would have to be a participating or affiliated provider with the insurer, health maintenance organization, or health care corporation.

House Bill 5007 would place these changes within the Insurance Code (MCL 500.3406m) to apply to expense-incurred hospital, medical, or surgical policies; certificates of commercial health insurance companies; and to group and individual contracts of health maintenance organizations (HMOs). House Bill 5008 would make similar changes to the Nonprofit Health Care Corporation Reform Act (MCL 550.1401f) to apply to group and nongroup certificates of Blue Cross and Blue Shield of Michigan.

Analyst: S. Stutzky

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