

March 15, 1999

S 344. MGD. CARE/SPECIALIST REFERRAL. TO PROVIDE EXPANDED ACCESS TO SPECIALTY CARE IN MANAGED CARE PLANS. Adds new GS 58-3-223 requiring that insurers who do not allow direct access to all specialists to develop and maintain written policies and procedures by which an insured may receive an extended or standing referral to a specialist. Requires that procedure provide for an extended or standing referral to a specialist if the insured has a serious or chronic disease or condition which, in the opinion of the primary care physician in consultation with the specialist, requires ongoing specialty care. In addition, provides that a standing referral may not exceed a period of 12 months. Defines health benefit plan and insurer. Applicable to health benefit plans delivered, issued for delivery, or renewed on or after Jan. 1 2000.

Intro. by Forrester and Purcell.

Ref. to Health Care

GS 58

April 7, 1999

S 344. MGD. CARE/SPECIALIST REFERRAL. Intro. 3/15/99. Senate committee substitute makes the following changes to 1st edition. Provides that act applies if plan does not allow direct access to all "in-plan" specialists (quoted language added) and that standing referral must be made under a treatment plan coordinated with the insurer in consultation with the primary care physician, specialist, and the insured. Adds definition for "serious or chronic degenerative, disabling, or life-threatening disease or condition", which is term that triggers requirement for standing referral.