

GENERAL ASSEMBLY OF NORTH CAROLINA
1995 SESSION

CHAPTER 63
HOUSE BILL 773

AN ACT TO PROVIDE FOR DIRECT ACCESS BY WOMEN TO OBSTETRICIAN-
GYNECOLOGISTS.

The General Assembly of North Carolina enacts:

Section 1. Article 51 of Chapter 58 of the General Statutes is amended by adding a new section to read:

"§ 58-51-38. Direct access to obstetrician-gynecologists.

(a) Each health benefit plan shall allow each female plan participant or beneficiary age 13 or older direct access within the health benefit plan, without prior referral, to the health care services of an obstetrician-gynecologist participating in the health benefit plan, within the benefits provided under that health benefit plan pertaining to obstetrician-gynecologist services.

For purposes of this section:

- (1) 'Health benefit plan' means an HMO subscriber contract or any preferred provider, exclusive provider, or other managed care arrangement offered under a health benefit plan, as defined in G.S. 58-50-110(11).
- (2) 'Health care services' means the full scope of medically necessary services provided by the participating obstetrician-gynecologist in the care of or related to the female reproductive system and breasts, and in performing annual screening, counseling, and immunization for disorders and diseases in accordance with the most current published recommendations of the American College of Obstetricians and Gynecologists, and includes services provided by nurse practitioners, physician's assistants, and certified nurse midwives in collaboration with the obstetrician-gynecologist in the care of the participant or beneficiary.
- (3) 'Benefits' are those medical services or other items to which an individual is entitled under the terms of her contract with a health benefit plan, as approved by the Department of Insurance.

(b) Each health benefit plan shall inform female participants and beneficiaries in writing of the provisions of this section. The information shall be provided in benefit handbooks and materials and enrollment materials."

Sec. 2. This act becomes effective January 1, 1996, and applies to health benefit plans issued, renewed, or amended on or after that date. For purposes of this act,

renewal is presumed to occur on each anniversary of the date when coverage was first effective on the person or persons covered by the plan.

In the General Assembly read three times and ratified this the 2nd day of May, 1995.