

106TH CONGRESS
1ST SESSION

H. R. 2041

To amend title I of the Employee Retirement Income Security Act of 1974 to provide to participants and beneficiaries of group health plans access to obstetric and gynecological care.

IN THE HOUSE OF REPRESENTATIVES

JUNE 8, 1999

Ms. GRANGER (for herself, Mrs. KELLY, Mrs. WILSON, and Ms. PRYCE of Ohio) introduced the following bill; which was referred to the Committee on Education and the Workforce

A BILL

To amend title I of the Employee Retirement Income Security Act of 1974 to provide to participants and beneficiaries of group health plans access to obstetric and gynecological care.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Patient Right to Ob-
5 stetric and Gynecological Care Act of 1999”.

1 **SEC. 2. PATIENT ACCESS TO OBSTETRIC AND GYNECO-**
 2 **LOGICAL CARE.**

3 (a) IN GENERAL.—Subpart B of part 7 of subtitle
 4 B of title I of the Employee Retirement Income Security
 5 Act of 1974 is amended by adding at the end the following
 6 new section:

7 **“SEC. 714. PATIENT ACCESS TO OBSTETRIC AND GYNECO-**
 8 **LOGICAL CARE**

9 “(a) IN GENERAL.—In any case in which a group
 10 health plan (or a health insurance issuer offering health
 11 insurance coverage in connection with the plan)—

12 “(1) provides benefits under the terms of the
 13 plan consisting of—

14 “(A) routine gynecological care (such as
 15 preventive women’s health examinations); or

16 “(B) routine obstetric care (such as rou-
 17 tine pregnancy-related services),

18 provided by a participating physician who specializes
 19 in such care (or provides benefits consisting of pay-
 20 ment for such care); and

21 “(2) requires or provides for designation by a
 22 participant or beneficiary of a participating primary
 23 care provider,

24 if the primary care provider designated by such a partici-
 25 pant or beneficiary is not such a physician, then the plan
 26 (or issuer) shall meet the requirements of subsection (b).

1 “(b) REQUIREMENTS.—A group health plan (or a
2 health insurance issuer offering health insurance coverage
3 in connection with the plan) meets the requirements of
4 this subsection, in connection with benefits described in
5 subsection (a) consisting of care described in subpara-
6 graph (A) or (B) of subsection (a)(1) (or consisting of
7 payment therefor), if the plan (or issuer)—

8 “(1) does not require authorization or a referral
9 by the primary care provider in order to obtain such
10 benefits; and

11 “(2) treats the ordering of other routine care of
12 the same type, by the participating physician pro-
13 viding the care described in subparagraph (A) or (B)
14 of subsection (a)(1), as the authorization of the pri-
15 mary care provider with respect to such care.

16 “(c) CONSTRUCTION.—Nothing in subsection (b)(2)
17 shall waive any requirements of coverage relating to med-
18 ical necessity or appropriateness with respect to coverage
19 of gynecological or obstetric care so ordered.

20 “(d) TREATMENT OF MULTIPLE COVERAGE OP-
21 TIONS.—In the case of a plan providing benefits under two
22 or more coverage options, the requirements of this section
23 shall apply separately with respect to each coverage op-
24 tion.”.

1 (b) CONFORMING AMENDMENT.—The table of con-
 2 tents in section 1 of such Act is amended by adding at
 3 the end of the items relating to subpart B of part 7 of
 4 subtitle B of title I of such Act the following new item:

“Sec. 714. Patient access to obstetric and gynecological care.”.

5 **SEC. 3. EFFECTIVE DATE AND RELATED RULES.**

6 (a) IN GENERAL.—The amendments made by this
 7 Act shall apply with respect to plan years beginning on
 8 or after January 1 of the second calendar year following
 9 the date of the enactment of this Act, except that the Sec-
 10 retary of Labor may issue regulations before such date
 11 under such amendments. The Secretary shall first issue
 12 regulations necessary to carry out the amendments made
 13 by this Act before the effective date thereof.

14 (b) LIMITATION ON ENFORCEMENT ACTIONS.—No
 15 enforcement action shall be taken, pursuant to the amend-
 16 ments made by this Act, against a group health plan or
 17 health insurance issuer with respect to a violation of a re-
 18 quirement imposed by such amendments before the date
 19 of issuance of regulations issued in connection with such
 20 requirement, if the plan or issuer has sought to comply
 21 in good faith with such requirement.

22 (c) SPECIAL RULE FOR COLLECTIVE BARGAINING
 23 AGREEMENTS.—In the case of a group health plan main-
 24 tained pursuant to one or more collective bargaining
 25 agreements between employee representatives and one or

1 more employers ratified before the date of the enactment
2 of this Act, the amendments made by this Act shall not
3 apply with respect to plan years beginning before the later
4 of—

5 (1) the date on which the last of the collective
6 bargaining agreements relating to the plan termi-
7 nates (determined without regard to any extension
8 thereof agreed to after the date of the enactment of
9 this Act); or

10 (2) January 1, 2002.

11 For purposes of this subsection, any plan amendment
12 made pursuant to a collective bargaining agreement relat-
13 ing to the plan which amends the plan solely to conform
14 to any requirement added by this Act shall not be treated
15 as a termination of such collective bargaining agreement.

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