

107TH CONGRESS  
1ST SESSION

# H. R. 1440

To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require that group and individual health insurance coverage and group health plans permit enrollees direct access to services of obstetrical and gynecological physician services directly and without a referral.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 4, 2001

Mrs. DAVIS of California introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require that group and individual health insurance coverage and group health plans permit enrollees direct access to services of obstetrical and gynecological physician services directly and without a referral.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Women’s Obstetrician  
3 and Gynecologist Medical Access Now Act”.

4 **SEC. 2. WOMEN’S ACCESS TO OBSTETRICAL AND GYNECO-  
5 LOGICAL SERVICES.**

6 (a) **GROUP HEALTH PLANS.—**

7 (1) **PUBLIC HEALTH SERVICE ACT AMEND-  
8 MENTS.—**(A) Subpart 2 of part A of title XXVII of  
9 the Public Health Service Act is amended by adding  
10 at the end the following new section:

11 **“SEC. 2707. STANDARD RELATING TO WOMEN’S ACCESS TO  
12 OBSTETRICAL AND GYNECOLOGICAL SERV-  
13 ICES.**

14 “(a) **DIRECT ACCESS REQUIRED.—**

15 “(1) **IN GENERAL.—**A group health plan, and a  
16 health insurance issuer offering group health insur-  
17 ance coverage, shall allow a participant or bene-  
18 ficiary the option to seek obstetrical and gyneco-  
19 logical physician services directly from a partici-  
20 pating obstetrician and gynecologist or directly from  
21 a participating family practice physician and sur-  
22 geon designated by the plan or issuer as providing  
23 obstetrical and gynecological services. A group  
24 health plan or health insurance issuer, in connection  
25 with the offering of group health insurance coverage,  
26 shall not require a participant or beneficiary to ob-

1 tain prior approval from another physician, another  
2 provider, the plan or issuer, or any other person  
3 prior to obtaining direct access to obstetrical and  
4 gynecological physician services.

5 “(2) CONSTRUCTION.—Paragraph (1) shall not  
6 be construed as preventing a plan or issuer—

7 “(A) from establishing reasonable require-  
8 ments for the participating obstetrician and  
9 gynecologist or family practice physician and  
10 surgeon to communicate with the participant’s  
11 or beneficiary’s primary care physician and sur-  
12 geon regarding the participant’s or beneficiary’s  
13 condition, treatment, and any need for followup  
14 care; or

15 “(B) from establishing reasonable provi-  
16 sions governing utilization protocols and the use  
17 of obstetricians and gynecologists, or family  
18 practice physicians and surgeons, participating  
19 in the plan or issuer network, medical group, or  
20 independent practice association, so long as  
21 these provisions—

22 “(i) are consistent with the intent of  
23 such paragraph;

24 “(ii) are those customarily applied to  
25 other physicians and surgeons, such as pri-

“(iii) are not be more restrictive for the provision of obstetrical and gynecological physician services.

7        "(b) NOTICE.—A group health plan under this part  
8 shall comply with the notice requirement under section  
9 714(b) of the Employee Retirement Income Security Act  
10 of 1974 with respect to the requirements of this section  
11 as if such section applied to such plan.".

16 "SEC. 714. STANDARD RELATING TO WOMEN'S ACCESS TO  
17 OBSTETRICAL AND GYNECOLOGICAL SERV-  
18 ICES.

19        "(a) DIRECT ACCESS REQUIRED.—

20           “(1) IN GENERAL.—A group health plan, and a  
21           health insurance issuer offering group health insur-  
22           ance coverage, shall allow a participant or bene-  
23           ficiary the option to seek obstetrical and gyneco-  
24           logical physician services directly from a partici-  
25           pating obstetrician and gynecologist or directly from

1 a participating family practice physician and sur-  
2 geon designated by the plan or issuer as providing  
3 obstetrical and gynecological services. A group  
4 health plan or health insurance issuer, in connection  
5 with the offering of group health insurance coverage,  
6 shall not require a participant or beneficiary to ob-  
7 tain prior approval from another physician, another  
8 provider, the plan or issuer, or any other person  
9 prior to obtaining direct access to obstetrical and  
10 gynecological physician services.

11 “(2) CONSTRUCTION.—Paragraph (1) shall not  
12 be construed as preventing a plan or issuer—

13 “(A) from establishing reasonable require-  
14 ments for the participating obstetrician and  
15 gynecologist or family practice physician and  
16 surgeon to communicate with the participant’s  
17 or beneficiary’s primary care physician and sur-  
18 geon regarding the participant’s or beneficiary’s  
19 condition, treatment, and any need for followup  
20 care; or

21 “(B) from establishing reasonable provi-  
22 sions governing utilization protocols and the use  
23 of obstetricians and gynecologists, or family  
24 practice physicians and surgeons, participating  
25 in the plan or issuer network, medical group, or

1           independent practice association, so long as  
2           these provisions—

3                   “(i) are consistent with the intent of  
4                   such paragraph;

5                   “(ii) are those customarily applied to  
6                   other physicians and surgeons, such as pri-  
7                   mary care physicians and surgeons, to  
8                   whom the participant or beneficiary has di-  
9                   rect access; and

10                   “(iii) are not more restrictive for  
11                   the provision of obstetrical and gyneco-  
12                   logical physician services.

13           “(b) NOTICE UNDER GROUP HEALTH PLAN.—The  
14           imposition of the requirement of this section shall be treat-  
15           ed as a material modification in the terms of the plan de-  
16           scribed in section 102(a)(1), for purposes of assuring no-  
17           tice of such requirements under the plan; except that the  
18           summary description required to be provided under the  
19           last sentence of section 104(b)(1) with respect to such  
20           modification shall be provided by not later than 60 days  
21           after the first day of the first plan year in which such  
22           requirement apply.”.

23           (B) Section 732(a) of such Act (29 U.S.C.  
24           1191a(a)) is amended by striking “section 711” and  
25           inserting “sections 711 and 714”.

“Sec. 714. Standard relating to women’s access to obstetrical and gynecological services.”.

6 (A) IN GENERAL.—Subchapter B of chapter  
7 100 of the Internal Revenue Code of 1986  
8 is amended—

9 (i) in the table of sections, by insert-  
10 ing after the item relating to section 9812  
11 the following new item:

“Sec. 9813. Standard relating to women’s access to obstetrical and gynecological services.”; and

12 (ii) by inserting after section 9812 the  
13 following:

14 "SEC. 9813. STANDARD RELATING TO WOMEN'S ACCESS TO  
15 OBSTETRICAL AND GYNECOLOGICAL SERV-  
16 ICES.

17       “(a) DIRECT ACCESS REQUIRED.—A group health  
18 plan, and a health insurance issuer offering group health  
19 insurance coverage, shall allow a participant or beneficiary  
20 the option to seek obstetrical and gynecological physician  
21 services directly from a participating obstetrician and gyn-  
22 ecologist or directly from a participating family practice  
23 physician and surgeon designated by the plan or issuer

1 as providing obstetrical and gynecological services. A  
2 group health plan or health insurance issuer, in connection  
3 with the offering of group health insurance coverage, shall  
4 not require a participant or beneficiary to obtain prior ap-  
5 proval from another physician, another provider, the plan  
6 or issuer, or any other person prior to obtaining direct  
7 access to obstetrical and gynecological physician services.

8       “(b) CONSTRUCTION.—Subsection (a) shall not be  
9 construed as preventing a plan or issuer—

10           “(1) from establishing reasonable requirements  
11 for the participating obstetrician and gynecologist or  
12 family practice physician and surgeon to commu-  
13 nicate with the participant’s or beneficiary’s primary  
14 care physician and surgeon regarding the partici-  
15 pant’s or beneficiary’s condition, treatment, and any  
16 need for followup care; or

17           “(2) from establishing reasonable provisions  
18 governing utilization protocols and the use of obste-  
19 tricians and gynecologists, or family practice physi-  
20 cians and surgeons, participating in the plan or  
21 issuer network, medical group, or independent prac-  
22 tice association, so long as these provisions—

23           “(A) are consistent with the intent of such  
24 subsection;

1                   “(B) are those customarily applied to other  
2                   physicians and surgeons, such as primary care  
3                   physicians and surgeons, to whom the partici-  
4                   pant or beneficiary has direct access; and

5                   “(C) are not be more restrictive for the  
6                   provision of obstetrical and gynecological physi-  
7                   cian services.

8                   (B) CONFORMING AMENDMENT.—Section  
9                   4980D(d)(1) of such Code is amended by strik-  
10                  ing “section 9811” and inserting “sections  
11                  9811 and 9813”.

12                  (b) INDIVIDUAL HEALTH INSURANCE.—Part B of  
13                  title XXVII of the Public Health Service Act is amended  
14                  by inserting after section 2752 the following new section:

15                  **“SEC. 2753. STANDARD RELATING TO WOMEN’S ACCESS TO**  
16                  **OBSTETRICAL AND GYNECOLOGICAL SERV-**  
17                  **ICES.**

18                  “(a) IN GENERAL.—The provisions of section  
19                  2707(a) shall apply to health insurance coverage offered  
20                  by a health insurance issuer in the individual market in  
21                  the same manner as they apply to health insurance cov-  
22                  erage offered by a health insurance issuer in connection  
23                  with a group health plan in the small or large group mar-  
24                  ket.

1        “(b) NOTICE.—A health insurance issuer under this  
2 part shall comply with the notice requirement under sec-  
3 tion 714(b) of the Employee Retirement Income Security  
4 Act of 1974 with respect to the requirements referred to  
5 in subsection (a) as if such section applied to such issuer  
6 and such issuer were a group health plan.”.

7        (c) EFFECTIVE DATES.—

8            (1) GROUP HEALTH PLANS AND GROUP  
9 HEALTH INSURANCE COVERAGE.—Subject to para-  
10 graph (3), the amendments made by subsection (a)  
11 apply with respect to group health plans for plan  
12 years beginning more than 180 days after the date  
13 of the enactment of this Act.

14            (2) INDIVIDUAL HEALTH INSURANCE COV-  
15 ERAGE.—The amendment made by subsection (b)  
16 applies with respect to health insurance coverage of-  
17 fered, sold, issued, renewed, in effect, or operated in  
18 the individual market on or after such date.

19            (3) COLLECTIVE BARGAINING EXCEPTION.—In  
20 the case of a group health plan maintained pursuant  
21 to 1 or more collective bargaining agreements be-  
22 tween employee representatives and 1 or more em-  
23 ployers ratified before the date of enactment of this  
24 Act, the amendments made subsection (a) shall not  
25 apply to plan years beginning before the later of—

(B) the date that is 180 days after the date of the enactment of this Act.

8 For purposes of subparagraph (A), any plan amend-  
9 ment made pursuant to a collective bargaining  
10 agreement relating to the plan which amends the  
11 plan solely to conform to any requirement added by  
12 subsection (a) shall not be treated as a termination  
13 of such collective bargaining agreement.

14 (d) COORDINATION OF ADMINISTRATION.—The Sec-  
15 retary of Labor, the Secretary of the Treasury, and the  
16 Secretary of Health and Human Services shall ensure,  
17 through the execution of an interagency memorandum of  
18 understanding among such Secretaries, that—

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