

1995 SESSION

ENROLLED

HOUSE JOINT RESOLUTION NO. 560

Establishing a joint subcommittee to study women's access to obstetrical and gynecological services, particularly in managed care plans.

Agreed to by the House of Delegates, February 4, 1995

Agreed to by the Senate, February 21, 1995

WHEREAS, existing law provides for regulation of third party payors by the Bureau of Insurance within the State Corporation Commission; and

WHEREAS, in the last several years, many third party health care plans have evolved toward managed care; and

WHEREAS, managed care is considered by most experts as one of the most important mechanisms for containing health care costs; however, every system has its flaws; and

WHEREAS, the specialty of obstetrics and gynecology is devoted to primary-preventive health care for women throughout their lifetimes; and

WHEREAS, some managed care plans list obstetrics and gynecology as primary care and others do not; and

WHEREAS, significant numbers of women view their obstetrician-gynecologist as their primary or only physician and, often, the only doctor they see regularly during their reproductive years; and

WHEREAS, the majority of women have visited their obstetrician-gynecologist during the past two years, with general medical examinations being the next most frequent and accounting for seven million visits each year; and

WHEREAS, women are opposed to restrictions on access to obstetrician- gynecologists and would prefer to access their obstetrician-gynecologists without the double expense of going through a "gatekeeper"; and

WHEREAS, 75 percent of those women who must be referred by another physician or "gatekeeper" before they may see their obstetrician-gynecologist would like to see this requirement eliminated; and

WHEREAS, the purpose of a "gatekeeper" is to avoid unnecessary self-referrals to specialists, and although some obstetrician-gynecologists are very specialized, the majority are primary care physicians; and

WHEREAS, over two-thirds of obstetrician-gynecology visits are made by established patients of the physician, returning for care of their condition; and

WHEREAS, in several states, laws have been approved which mandate that obstetricians and gynecologists be eligible primary care physicians if they meet the other plan criteria; and

WHEREAS, for women, it would be desirable to avoid bureaucratic delays in receiving care as well as double payments in order to access obstetrical and gynecology services; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That a joint subcommittee be established to study women's access to obstetrical and gynecological services, particularly in managed care plans and to make recommendations on how duplicative costs and administrative snarls may be avoided. The joint subcommittee shall consist of nine members to be appointed as follows: five members of the House of Delegates appointed by the Speaker of the House; and four members of the Senate appointed by the Senate Committee on Privileges and Elections. In developing recommendations, the joint subcommittee is requested to confer with women, doctors, the Bureau of Insurance and various commercial insurers, and other insurers, preferred provider organizations, and health maintenance organizations.

The direct costs of this study shall not exceed \$5,400.

The Division of Legislative Services shall provide staff support for the study. All agencies of the Commonwealth shall provide assistance to the joint subcommittee, upon request.

The joint subcommittee shall complete its work in time to submit its findings and recommendations to the Governor and the 1996 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.

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