§ 3217-c. Primary and preventive obstetric and gynecologic care. (a) No insurer subject to this article shall by contract, written policy or procedure limit a female insured's direct access to primary and preventive obstetric and gynecologic services, including annual examinations, care resulting from such annual examinations, and treatment of acute gynecologic conditions, from a qualified provider of such services of her choice from within the plan or for any care related to a pregnancy, provided that: (1) such qualified provider discusses such services and treatment plan with the insured's primary care practitioner in accordance with the requirements of the insurer; and (2) such qualified provider agrees to adhere to the insurer's policies and procedures, including any applicable procedures regarding referrals and obtaining prior authorization for services other than obstetric and gynecologic services rendered by such qualified provider, and agrees to provide services pursuant to a treatment plan (if any) approved by the insurer.

(b) An insurer shall treat the provision of obstetric and gynecologic care, and the ordering of related obstetric and gynecologic items and services, pursuant to the direct access described in subsection (a) of this section by a participating qualified provider of such services, as the authorization of the primary care provider.

(c) It shall be the duty of the administrative officer or other person in charge of each insurer subject to the provisions of this article to advise each female insured, in writing, of the provisions of this section.