§ 3217-d. Grievance procedure and access to specialty care. (a) An insurer that issues a comprehensive policy that utilizes a network of providers and is not a managed care health insurance contract as defined in subsection (c) of section four thousand eight hundred one of this chapter shall establish and maintain a grievance procedure consistent with the requirements of section four thousand eight hundred two of this chapter.

(b) An insurer that issues a comprehensive policy that utilizes a network of providers and is not a managed care health insurance contract as defined in subsection (c) of section four thousand eight hundred one of this chapter and requires that specialty care be provided pursuant to a referral from a primary care provider shall provide access to such specialty care consistent with the requirements of subsections (b), (c) and (d) of section four thousand eight hundred four of this chapter; provided, however, that nothing in this section shall be construed to require that an insurer, or a primary care provider on behalf of the insurer, make a referral to a provider that is not in the insurer's network.

(c) An insurer that issues a comprehensive policy that utilizes a network of providers and is not a managed care health insurance contract as defined in subsection (c) of section four thousand eight hundred one of this chapter shall provide access to transitional care consistent with the requirements of subsections (e) and (f) of section four thousand eight hundred four of this chapter.

(d) An insurer that issues a comprehensive policy that utilizes a network of providers and is not a managed care health insurance contract as defined in subsection (c) of section four thousand eight hundred one of this chapter, shall provide access to out-of-network services consistent with the requirements of subsection (a) of section four thousand eight hundred four of this chapter, subsections (g-6) and (g-7) of section four thousand nine hundred of this chapter, subsections (a-1) and (a-2) of section four thousand nine hundred four of this chapter, paragraphs three and four of subsection (b) of section four thousand nine hundred ten of this chapter, and subparagraphs (C) and (D) of paragraph four of subsection (b) of section four thousand nine hundred fourteen of this chapter.

(e) An insurer that issues a comprehensive policy that uses a network

of providers and is not a managed care health insurance contract, as defined in subsection (c) of section four thousand eight hundred one of this chapter, shall establish and maintain procedures for health care professional applications and terminations consistent with the requirements of section four thousand eight hundred three of this chapter and procedures for health care facility applications consistent with section four thousand eight hundred six of this chapter.