§ 4406-b. Primary and preventive obstetric and gynecologic care. 1. The health maintenance organization shall not limit a female enrollee'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: (a) such qualified provider discusses such services and treatment plan with the enrollee's primary care practitioner in accordance with the requirements of the health maintenance organization; and (b) such qualified provider agrees to adhere to the health maintenance organization'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 health maintenance organization.

2. A health maintenance organization 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 subdivision one of this section by a participating qualified provider of such services, as the authorization of the primary care provider.

3. It shall be the duty of the administrative officer or other person in charge of each health maintenance organization to advise each female enrollee, in writing, of the provisions of this section.