§ 4406-f. Maternal depression screenings. To the extent a plan provides coverage for maternal depression screening, no health maintenance organization subject to this article shall by contract, written policy or procedure limit a patient enrollee's direct access to screening and referral for maternal depression, as defined in subdivision one of section twenty-five hundred-k of this chapter, from a provider of obstetrical, gynecologic, or pediatric services of her choice; provided that the patient enrollee's access to such services, coverage and choice of provider is otherwise subject to the terms and conditions of the plan under which the patient enrollee is covered.