

arrangements with specialized providers outside of the network of the plan.

“(2) **RULE OF CONSTRUCTION.**—Nothing in paragraph (1) shall be construed—

“(A) to require the coverage under a group health plan of particular benefits or services or to prohibit a plan from including providers only to the extent necessary to meet the needs of the plan’s participants or beneficiaries or from establishing any measure designed to maintain quality and control costs consistent with the responsibilities of the plan; or

“(B) to override any State licensure or scope-of-practice law.

“(b) **TREATMENT PLANS.**—

“(1) **IN GENERAL.**—Nothing in this section shall be construed to prohibit a group health plan (other than a fully insured group health plan) from requiring that speciality care be provided pursuant to a treatment plan so long as the treatment plan is—

“(A) developed by the specialist, in consultation with the case manager or primary care provider, and the participant or beneficiary;

“(B) approved by the plan in a timely manner in accordance with the medical exigencies of the case; and

“(C) in accordance with the applicable quality assurance and utilization review standards of the plan.

“(2) **NOTIFICATION.**—Nothing in paragraph (1) shall be construed as prohibiting a plan from requiring the specialist to provide the case manager or primary care provider with regular updates on the specialty care provided, as well as all other necessary medical information.

“(c) **REFERRALS.**—Nothing in this section shall be construed to prohibit a plan from requiring an authorization by the case manager or primary care provider of the participant or beneficiary in order to obtain coverage for speciality services so long as such authorization is for an adequate number of referrals.

“(d) **SPECIALITY CARE DEFINED.**—For purposes of this subsection, the term ‘speciality care’ means, with respect to a condition, care and treatment provided by a health care practitioner, facility, or center (such as a center of excellence) that has adequate expertise (including age-appropriate expertise) through appropriate training and experience.

SEC. . PATIENT ACCESS TO EMERGENCY MEDICAL CARE.

(a) **COVERAGE OF EMERGENCY CARE.**—

(1) **IN GENERAL.**—To the extent that the group health plan (other than a fully insured group health plan) provides coverage for benefits consisting of emergency medical care (as defined in subsection (c)) or emergency ambulance services, except for items or services specifically excluded—

(A) the plan shall provide coverage for benefits, without requiring preauthorization, for emergency medical screening examinations or emergency ambulance services, to the extent that a prudent layperson, who possesses an average knowledge of health and medicine, would determine such examinations or emergency ambulance services to be necessary to determine whether emergency medical care (as so defined) is necessary; and

(B) the plan shall provide coverage for benefits, without requiring preauthorization, for additional emergency medical care to stabilize an emergency medical condition following an emergency medical screening examination (if determined necessary under subparagraph (A)), pursuant to the definition of stabilize under section 1867(e)(3) of the Social Security Act (42 U.S.C. 1395dd(e)(3)).

(2) **REIMBURSEMENT FOR CARE TO MAINTAIN MEDICAL STABILITY.**—

(A) **IN GENERAL.**—In the case of services provided to a participant or beneficiary by a nonparticipating provider in order to maintain the medical stability of the participant or beneficiary, the group health plan involved shall provide for reimbursement with respect to such services if—

(i) coverage for services of the type furnished is available under the group health plan;

(ii) the services were provided for care related to an emergency medical condition and in an emergency department in order to maintain the medical stability of the participant or beneficiary; and

(iii) the nonparticipating provider contacted the plan regarding approval for such services.

(B) **FAILURE TO RESPOND.**—If a group health plan fails to respond within 1 hours of being contacted in accordance with subparagraph (A)(iii), then the plan shall be liable for the cost of services provided by the nonparticipating provider in order to maintain the stability of the participant or beneficiary.

(C) **LIMITATION.**—The liability of a group health plan to provide reimbursement under subparagraph (A) shall terminate when the plan has contacted the nonparticipating provider to arrange for discharge or transfer.

(D) **LIABILITY OF PARTICIPANT.**—A participant or beneficiary shall not be liable for the costs of services to which subparagraph (A) in an amount that exceeds the amount of liability that would be incurred if the services were provided by a participating health care provider with prior authorization by the plan.

(b) **IN-NETWORK UNIFORM COSTS-SHARING AND OUT-OF-NETWORK CARE.**—

(1) **IN-NETWORK UNIFORM COST-SHARING.**—Nothing in this section shall be construed as preventing a group health plan (other than a fully insured group health plan) from imposing any form of cost-sharing applicable to any participant or beneficiary (including co-insurance, copayments, deductibles, and any other charges) in relation to coverage for benefits described in subsection (a), if such form of cost-sharing is uniformly applied under such plan, with respect to similarly situated participants and beneficiaries, to all benefits consisting of emergency medical care (as defined in subsection (c)) provided to such similarly situated participants and beneficiaries under the plan, and such cost-sharing is disclosed in accordance with section 714.

(2) **OUT-OF-NETWORK CARE.**—If a group health plan (other than a fully insured group health plan) provides any benefits with respect to emergency medical care (as defined in subsection (c)), the plan shall cover emergency medical care under the plan in a manner so that, if such care is provided to a participant or beneficiary by a nonparticipating health care provider, the participant or beneficiary is not liable for amounts that exceed the amounts of liability that would be incurred if the services were provided by a participating provider.

(c) **DEFINITION OF EMERGENCY MEDICAL CARE.**—In this section:

(1) **IN GENERAL.**—The term “emergency medical care” means, with respect to a participant or beneficiary under a group health plan (other than a fully insured group health plan), covered inpatient and outpatient services that—

(A) are furnished by any provider, including a nonparticipating provider, that is qualified to furnish such services; and

(B) are needed to evaluate or stabilize (as such term is defined in section 1867(e)(3) of the Social Security Act (42 U.S.C. 1395dd(e)(3)) an emergency medical condition (as defined in paragraph (2)).

(2) **EMERGENCY MEDICAL CONDITION.**—The term “emergency medical condition” means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in—

(A) placing the health of the participant or beneficiary (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,

(B) serious impairment to bodily functions, or

(C) serious dysfunction of any bodily organ or part.

(d) **APPLICATION OF PROVISIONS.**—

(1) **IN GENERAL.**—Notwithstanding any other provision of this Act (or an amendment made by this Act), the provisions of this section shall only apply to group health plans (other than fully insured group health plans).

(2) **FULLY INSURED GROUP HEALTH PLAN.**—In this section, the term “fully insured group health plan” means a group health plan where benefits under the plan are provided pursuant to the terms of an arrangement between a group health plan and a health insurance issuer and are guaranteed by the health insurance issuer under a contract or policy of insurance.

AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION AND RELATED AGENCIES APPROPRIATIONS ACT, 2000

CONRAD AMENDMENT NO. 1244

(Ordered to lie on the table.)

Mr. CONRAD submitted an amendment intended to be proposed by him to the bill (S. 1233) making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 2000, and for other purposes; as follows:

On page 76, between lines 6 and 7, insert the following:

TITLE —RURAL ECONOMY EMERGENCY STABILIZATION

SEC. 01. SHORT TITLE.

This title may be cited as the “Rural Economy Emergency Stabilization Act of 1999”.

SEC. 02. MARKET LOSS ASSISTANCE.

(a) **IN GENERAL.**—Except as provided in subsections (d) and (e), the Secretary of Agriculture (referred to in this title as the “Secretary”) shall use not more than \$5,600,000,000 of funds of the Commodity Credit Corporation to provide assistance to owners and producers on a farm that are eligible for payments for fiscal year 1999 under a production flexibility contract for the farm under the Agricultural Market Transition Act (7 U.S.C. 7201 et seq.) to partially compensate the owners and producers for the loss of markets for the 1999 crop of a commodity.

(b) **AMOUNT.**—Except as provided in subsections (d) and (e), the amount of assistance made available to owners and producers on a

farm under this section shall be proportionate to the amount of the contract payment received by the owners and producers for fiscal year 1999 under a production flexibility contract for the farm under the Agricultural Market Transition Act.

(c) **TIME FOR PAYMENT.**—The assistance made available under this section for an eligible owner or producer shall be provided as soon as practicable after the date of enactment of this Act.

(d) **DAIRY PRODUCERS.**—

(1) **IN GENERAL.**—Of the total amount made available under subsection (a), \$200,000,000 shall be available to provide assistance to dairy producers in a manner determined by the Secretary.

(2) **FEDERAL MILK MARKETING ORDERS.**—Payments made under this subsection shall not affect any decision with respect to rule-making activities under section 143 of the Agricultural Market Transition Act (7 U.S.C. 7253).

(e) **PEANUTS.**—

(1) **IN GENERAL.**—Of the total amount made available under subsection (a), the Secretary shall use not to exceed \$45,000,000 to provide payments to producers of quota peanuts or additional peanuts to partially compensate the producers for the loss of markets for the 1998 crop of peanuts.

(2) **AMOUNT.**—The amount of a payment made to producers on a farm of quota peanuts or additional peanuts under paragraph (1) shall be equal to the product obtained by multiplying—

(A) the quantity of quota peanuts or additional peanuts produced or considered produced by the producers under section 155 of the Agricultural Market Transition Act (7 U.S.C. 7271); by

(B) an amount equal to 5 percent of the loan rate established for quota peanuts or additional peanuts, respectively, under section 155 of that Act.

SEC. 03. CROP INSURANCE PREMIUM REFUNDS.

The Secretary, acting through the Federal Crop Insurance Corporation, shall use not more than \$400,000,000 of funds of the Commodity Credit Corporation to provide premium refunds or other assistance to purchasers of crop insurance for their 2000 or preceding insured crops.

SEC. 04. CROP LOSS ASSISTANCE.

(a) **IN GENERAL.**—In addition to amounts that have been made available before the date of enactment of this Act to carry out section 1102 of the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 1999 (7 U.S.C. 1421 note; Public Law 105-277) under other law, the Secretary shall use not more than \$360,000,000 of funds of the Commodity Credit Corporation to provide crop loss assistance in accordance with that section in a manner that, to the maximum extent practicable—

(1) fully compensates agricultural producers for crop losses in accordance with that section (including regulations promulgated to carry out that section); and

(2) provides equitable treatment under that section for agricultural producers described in subsections (b) and (c) of that section.

(b) **CITRUS CROP LOSSES.**—Notwithstanding any other provision of law (including regulations), for the purposes of section 1102 of that Act, a loss of a citrus crop caused by a disaster in 1998 shall be considered to be a loss of the 1998 crop of the citrus crop, without regard to the time of harvest.

(c) **COMPENSATION FOR DENIAL OF CROP LOSS ASSISTANCE BASED ON TAXPAYER IDENTIFICATION NUMBERS.**—The Secretary shall use not more than \$70,000,000 of funds of the Commodity Credit Corporation to make payments to producers on a farm that were denied crop loss assistance under section 1102 of the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 1999 (7 U.S.C. 1421 note; Public Law 105-277), as the result of a change in the taxpayer identification numbers of the producers if the Secretary determines that the change was not made to create an advantage for the producers in the crop insurance program through lower premiums or higher actual production histories.

SEC. 05. EMERGENCY LIVESTOCK FEED ASSISTANCE.

For an additional amount to provide emergency livestock feed assistance in accordance with section 1103 of the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 1999 (7 U.S.C. 1421 note; Public Law 105-277), there is appropriated, out of any money in the Treasury not otherwise appropriated, \$295,000,000.

SEC. 06. FUNDS FOR STRENGTHENING MARKETS, INCOME, AND SUPPLY (SECTION 32).

For an additional amount for the fund maintained for funds made available under section 32 of the Act of August 24, 1935 (7 U.S.C. 612c), there is appropriated, out of any money in the Treasury not otherwise appropriated, \$355,000,000.

SEC. 07. DISASTER RESERVE.

(a) **IN GENERAL.**—For the disaster reserve established under section 813 of the Agricultural Act of 1970 (7 U.S.C. 1427a), there is appropriated, out of any money in the Treasury not otherwise appropriated, \$500,000,000.

(b) **CROP AND LIVESTOCK INDEMNITY PAYMENTS.**—The Secretary shall use the amount made available under this section to establish a program to provide crop or livestock indemnity payments to agricultural producers for the purpose of remedying losses caused by damaging weather or related condition resulting from a natural or major disaster or emergency over a prolonged period.

SEC. 08. FLOODED LAND RESERVE PROGRAM.

For an additional amount to carry out a flooded land reserve program, there is appropriated, out of any money in the Treasury not otherwise appropriated, \$300,000,000.

SEC. 09. FARM SERVICE AGENCY.

For an additional amount for the Farm Service Agency, to be used at the discretion of the Secretary, for salaries and expenses of the Farm Service Agency, there is appropriated, out of any money in the Treasury not otherwise appropriated, \$50,000,000.

SEC. 10. OILSEED PURCHASES AND DONATIONS.

(a) **IN GENERAL.**—Notwithstanding any other provision of law, the Secretary shall use not less than \$750,000,000 of funds of the Commodity Credit Corporation for the purchase and distribution of oilseeds, vegetable oil, and oilseed meal under applicable food aid authorities, including—

(1) section 416(b) of the Agricultural Act of 1949 (7 U.S.C. 1431(b));

(2) the Food for Progress Act of 1985 (7 U.S.C. 1736o); and

(3) the Agricultural Trade Development and Assistance Act of 1954 (7 U.S.C. 1691 et seq.).

(b) **LEAST DEVELOPED COUNTRIES.**—Not less than 75 percent of the commodities distributed pursuant to this section shall be made available to least developed countries, as determined by the Secretary.

(c) **LOCAL CURRENCIES.**—To the maximum extent practicable, local currencies generated from the sale of commodities under this section shall be used for development purposes that foster United States agricultural exports.

SEC. 11. UPLAND COTTON PRICE COMPETITIVENESS.

(a) **IN GENERAL.**—Section 136(a) of the Agricultural Market Transition Act (7 U.S.C. 7236(a)) is amended—

(1) in paragraph (1), by inserting “(in the case of each of the 1999-2000 and 2000-2001 marketing years for upland cotton, at the option of the recipient)” after “or cash payments”;

(2) by inserting “(or, in the case of each of the 1999-2000 and 2000-2001 marketing years for upland cotton, 1.25 cents per pound)” after “3 cents per pound” each place it appears;

(3) in paragraph (3), by striking subparagraph (A) and inserting the following:

“(A) **REDEMPTION, MARKETING, OR EXCHANGE.**—

“(i) **IN GENERAL.**—The Secretary shall establish procedures for redeeming marketing certificates for cash or marketing or exchange of the certificates for—

“(I) except as provided in subclause (II), agricultural commodities owned by the Commodity Credit Corporation in such manner, and at such price levels, as the Secretary determines will best effectuate the purposes of cotton user marketing certificates; or

“(II) in the case of each of the 1999-2000 and 2000-2001 marketing years for upland cotton, agricultural commodities owned by the Commodity Credit Corporation or pledged to the Commodity Credit Corporation as collateral for a loan in such manner, and at such price levels, as the Secretary determines will best effectuate the purposes of cotton user marketing certificates, including enhancing the competitiveness and marketability of United States cotton.

“(ii) **PRICE RESTRICTIONS.**—Any price restrictions that would otherwise apply to the disposition of agricultural commodities by the Commodity Credit Corporation shall not apply to the redemption of certificates under this subparagraph.”; and

(4) in paragraph (4), by inserting before the period at the end the following: “, except that this paragraph shall not apply to each of fiscal years 2000 and 2001”.

(b) **ENSURING THE AVAILABILITY OF UPLAND COTTON.**—Section 136(b) of the Agricultural Market Transition Act (7 U.S.C. 7236(b)) is amended—

(1) in paragraph (1), by striking “The” and inserting “Except as provided in paragraph (7), the”; and

(2) by adding at the end the following:

“(7) **1999-2000 AND 2000-2001 MARKETING YEARS.**—

“(A) **IN GENERAL.**—In the case of each of the 1999-2000 and 2000-2001 marketing years for upland cotton, the President shall carry out an import quota program as provided in this paragraph.

“(B) **PROGRAM REQUIREMENTS.**—Except as provided in subparagraph (C), whenever the Secretary determines and announces that for any consecutive 4-week period, the Friday through Thursday average price quotation for the lowest-priced United States growth, as quoted for Middling (M) 1½-inch cotton, delivered C.I.F. Northern Europe, adjusted for the value of any certificate issued under subsection (a), exceeds the Northern Europe price by more than 1.25 cents per pound, there shall immediately be in effect a special import quota.

“(C) TIGHT DOMESTIC SUPPLY.—During any month for which the Secretary estimates the season-ending United States upland cotton stocks-to-use ratio, as determined under subparagraph (D), to be below 16 percent, the Secretary, in making the determination under subparagraph (B), shall not adjust the Friday through Thursday average price quotation for the lowest-priced United States growth, as quoted for Middling (M) 1 $\frac{3}{8}$ -inch cotton, delivered C.I.F. Northern Europe, for the value of any certificates issued under subsection (a).

“(D) SEASON-ENDING UNITED STATES STOCKS-TO-USE RATIO.—For the purposes of making estimates under subparagraph (C), the Secretary shall, on a monthly basis, estimate and report the season-ending United States upland cotton stocks-to-use ratio, excluding projected raw cotton imports but including the quantity of raw cotton that has been imported into the United States during the marketing year.

“(E) LIMITATION.—The quantity of cotton entered into the United States during any marketing year described in subparagraph (A) under the special import quota established under this paragraph may not exceed the equivalent of 5 weeks' consumption of upland cotton by domestic mills at the seasonally adjusted average rate of the 3 months immediately preceding the first special import quota established in any marketing year.”

(C) REMOVAL OF SUSPENSION OF MARKETING CERTIFICATE AUTHORITY.—Section 171(b)(1)(G) of the Agricultural Market Transition Act (7 U.S.C. 7301(b)(1)(G)) is amended by inserting before the period at the end the following: “, except that this subparagraph shall not apply to each of the 1999-2000 and 2000-2001 marketing years for upland cotton”.

(d) REDEMPTION OF MARKETING CERTIFICATES.—Section 115 of the Agricultural Act of 1949 (7 U.S.C. 1445k) is amended—

(1) in subsection (a)—

(A) by striking “rice (other than negotiable marketing certificates for upland cotton or rice)” and inserting “rice, including the issuance of negotiable marketing certificates for upland cotton or rice”;

(B) in paragraph (1), by striking “and” at the end;

(C) in paragraph (2), by striking the period at the end and inserting “; and”; and

(D) by adding at the end the following:

“(3) redeem negotiable marketing certificates for cash under such terms and conditions as are established by the Secretary.”; and

(2) in the second sentence of subsection (c), by striking “export enhancement program or the marketing promotion program established under the Agricultural Trade Act of 1978” and inserting “market access program or the export enhancement program established under sections 203 and 301 of the Agricultural Trade Act of 1978 (7 U.S.C. 5623, 5651)”.

SEC. 12. EMERGENCY CONSERVATION PROGRAM.

For an additional amount to carry out the emergency conservation program authorized under sections 401, 402, and 404 of the Agricultural Credit Act of 1978 (16 U.S.C. 2201, 2202, 2204) to provide cost-sharing assistance to eligible persons—

(1) to control weeds and establish cover crops in counties in which at least 20 percent of available cropland is prevented from being planted to an agricultural commodity as the result of damaging weather or related condition; and

(2) to reestablish permanent vegetative cover on acreage on which such cover is absent as the result of prolonged flooding;

as determined by the Secretary, there is appropriated, out of any money in the Treasury not otherwise appropriated, \$30,000,000.

SEC. 13. EMERGENCY REQUIREMENT.

(a) IN GENERAL.—The entire amount necessary to carry out this title and the amendments made by this title shall be available only to the extent that an official budget request for the entire amount, that includes designation of the entire amount of the request as an emergency requirement as defined in the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 900 et seq.) is transmitted by the President to Congress.

(b) DESIGNATION.—The entire amount is designated by Congress as an emergency requirement pursuant to section 251(b)(2)(A) of that Act (2 U.S.C. 901(b)(2)(A)).

SEC. 14. AVAILABILITY.

The amount necessary to carry out this title and the amendments made by this title shall be available for fiscal years 1999 and 2000.

PATIENTS' BILL OF RIGHTS ACT OF 1999

BINGAMAN (AND OTHERS) AMENDMENT NO. 1245

Mr. KENNEDY (for Mr. BINGAMAN (for himself, Mr. HARKIN, Mr. DODD, Mrs. MURRAY, Mr. REID, Mr. EDWARDS, Mrs. BOXER, Mr. DURBIN, Mr. GRAHAM, Mr. KENNEDY, Mr. DASCHLE, Mr. FEINGOLD, Mr. ROCKEFELLER, Mrs. FEINSTEIN, Mr. REED, and Mr. KERRY)) proposed an amendment to amendment No. 1243 proposed by Ms. COLLINS to the bill, S. 1344, supra; as follows:

At the appropriate place, insert the following:

SEC. ACCESS TO SPECIALTY CARE.

(a) SPECIALTY CARE FOR COVERED SERVICES.—

(1) IN GENERAL.—If—

(A) an individual is a participant or beneficiary under a group health plan or an enrollee under group health insurance coverage offered by a health insurance issuer,

(B) the individual has a condition or disease of sufficient seriousness and complexity to require treatment by a specialist, and

(C) benefits for such treatment are provided under the plan or coverage, the plan or issuer shall make or provide for a referral to a specialist who is available and accessible to provide the treatment for such condition or disease.

(2) SPECIALIST DEFINED.—For purposes of this subsection, the term “specialist” means, with respect to a condition, a health care practitioner, facility, or center (such as a center of excellence) that has adequate expertise through appropriate training and experience (including, in the case of a child, appropriate pediatric expertise) to provide high quality care in treating the condition.

(3) CARE UNDER REFERRAL.—A group health plan, or health insurance issuer in connection with group health insurance coverage, may require that the care provided to an individual pursuant to such referral under paragraph (1) be—

(A) pursuant to a treatment plan, only if the treatment plan is developed by the spe-

cialist and approved by the plan or issuer, in consultation with the designated primary care provider or specialist and the individual (or the individual's designee), and

(B) in accordance with applicable quality assurance and utilization review standards of the plan or issuer.

Nothing in this subsection shall be construed as preventing such a treatment plan for an individual from requiring a specialist to provide the primary care provider with regular updates on the specialty care provided, as well as all necessary medical information.

(4) REFERRALS TO PARTICIPATING PROVIDERS.—A group health plan or health insurance issuer is not required under paragraph (1) to provide for a referral to a specialist that is not a participating provider, unless the plan or issuer does not have an appropriate specialist that is available and accessible to treat the individual's condition and that is a participating provider with respect to such treatment.

(5) TREATMENT OF NONPARTICIPATING PROVIDERS.—If a plan or issuer refers an individual to a nonparticipating specialist pursuant to paragraph (1), services provided pursuant to the approved treatment plan (if any) shall be provided at no additional cost to the individual beyond what the individual would otherwise pay for services received by such a specialist that is a participating provider.

(b) SPECIALISTS AS CARE COORDINATORS.—

(1) IN GENERAL.—A group health plan, or a health insurance issuer in connection with group health insurance coverage, shall have a procedure by which an individual who is a participant, beneficiary or enrollee and who has an ongoing special condition (as defined in paragraph (3)) may receive a referral to a specialist for such condition who shall be responsible for and capable of providing and coordinating the individual's primary and specialty care. If such an individual's care would most appropriately be coordinated by such a specialist, such plan or issuer shall refer the individual to such specialist.

(2) TREATMENT AS CARE COORDINATOR.—Such specialist shall be permitted to treat the individual without a referral from the individual's primary care provider and may authorize such referrals, procedures, tests, and other medical services as the individual's primary care provider would otherwise be permitted to provide or authorize, subject to the terms of the treatment plan (referred to in subsection (a)(3)(A)).

(3) ONGOING SPECIAL CONDITION DEFINED.—In this subsection, the term “special condition” means a condition or disease that—

(A) is life-threatening, degenerative, or disabling, and

(B) requires specialized medical care over a prolonged period of time.

(4) TERMS OF REFERRAL.—The provisions of paragraphs (3) through (5) of subsection (a) apply with respect to referrals under paragraph (1) of this subsection in the same manner as they apply to referrals under subsection (a)(1).

(c) STANDING REFERRALS.—

(1) IN GENERAL.—A group health plan, or a health insurance issuer in connection with group health insurance coverage, shall have a procedure by which an individual who is a participant, beneficiary or enrollee and who has a condition that requires ongoing care from a specialist may receive a standing referral to such specialist for treatment of such condition. If the plan or issuer, or if the primary care provider in consultation with the medical director of the plan or issuer and the specialist (if any), determines that such a standing referral is appropriate, the plan