H-0774.1				

HOUSE BILL 1459

State of Washington 61st Legislature 2009 Regular Session

By Representatives Green, Hinkle, Campbell, Bailey, Pedersen, Kelley, Morrell, Seaguist, and Conway

Read first time 01/21/09. Referred to Committee on Health Care & Wellness.

- AN ACT Relating to payment arrangements involving direct practices;
- and amending RCW 48.150.010, 48.150.040, and 48.150.050.

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- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 **Sec. 1.** RCW 48.150.010 and 2007 c 267 s 3 are each amended to read 5 as follows:
 - The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
 - (1) "Direct patient-provider primary care practice" and "direct practice" means a provider, group, or entity that meets the following criteria in (a), (b), (c), and (d) of this subsection:
- 11 (a)(i) A health care provider who furnishes primary care services 12 through a direct agreement;
- 13 (ii) A group of health care providers who furnish primary care 14 services through a direct agreement; or
- (iii) An entity that sponsors, employs, or is otherwise affiliated with a group of health care providers who furnish only primary care services through a direct agreement, which entity is wholly owned by the group of health care providers or is a nonprofit corporation exempt from taxation under section 501(c)(3) of the internal revenue code, and

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- 1 is not otherwise regulated as a health care service contractor, health
- 2 maintenance organization, or disability insurer under Title 48 RCW.
- 3 Such entity is not prohibited from sponsoring, employing, or being
- 4 otherwise affiliated with other types of health care providers not
- 5 engaged in a direct practice;

- (b) Enters into direct agreements with direct patients or parents or legal guardians of direct patients;
- 8 (c) Does not accept payment for health care services provided to 9 direct patients from any entity subject to regulation under Title 48 10 RCW((-,)) or plans administered under chapter 41.05, 70.47, or 70.47A 11 RCW((-, or self-insured plans)); and
 - (d) Does not provide, in consideration for the direct fee, services, procedures, or supplies such as prescription drugs, hospitalization costs, major surgery, dialysis, high level radiology (CT, MRI, PET scans or invasive radiology), rehabilitation services, procedures requiring general anesthesia, or similar advanced procedures, services, or supplies.
 - (2) "Direct patient" means a person who is party to a direct agreement and is entitled to receive primary care services under the direct agreement from the direct practice.
 - (3) "Direct fee" means a fee charged by a direct practice as consideration for being available to provide and providing primary care services as specified in a direct agreement.
 - (4) "Direct agreement" means a written agreement entered into between a direct practice and an individual direct patient, or the parent or legal guardian of the direct patient or a family of direct patients, whereby the direct practice charges a direct fee as consideration for being available to provide and providing primary care services to the individual direct patient. A direct agreement must (a) describe the specific health care services the direct practice will provide; and (b) be terminable at will upon written notice by the direct patient.
 - (5) "Health care provider" or "provider" means a person regulated under Title 18 RCW or chapter 70.127 RCW to practice health or health-related services or otherwise practicing health care services in this state consistent with state law.
- 37 (6) "Health carrier" or "carrier" has the same meaning as in RCW 48.43.005.

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- (7) "Primary care" means routine health care services, including screening, assessment, diagnosis, and treatment for the purpose of promotion of health, and detection and management of disease or injury.
- (8) "Network" means the group of participating providers and facilities providing health care services to a particular health carrier's health plan or to plans administered under chapter 41.05, 70.47, or 70.47A RCW.
- **Sec. 2.** RCW 48.150.040 and 2007 c 267 s 6 are each amended to read 9 as follows:
 - (1) Direct practices may not:

- (a) Enter into a participating provider contract as defined in RCW 48.44.010 or 48.46.020 with any carrier or with any carrier's contractor or subcontractor, or plans administered under chapter 41.05, 70.47, or 70.47A RCW, to provide health care services through a direct agreement except as set forth in subsection (2) of this section;
- (b) Submit a claim for payment to any carrier or any carrier's contractor or subcontractor, or plans administered under chapter 41.05, 70.47, or 70.47A RCW, for health care services provided to direct patients as covered by their agreement;
 - (c) With respect to services provided through a direct agreement, be identified by a carrier or any carrier's contractor or subcontractor, or plans administered under chapter 41.05, 70.47, or 70.47A RCW, as a participant in the carrier's or any carrier's contractor or subcontractor network for purposes of determining network adequacy or being available for selection by an enrollee under a carrier's benefit plan; or
 - (d) Pay for health care services covered by a direct agreement rendered to direct patients by providers other than the providers in the direct practice or their employees, except as described in subsection (2)(b) of this section.
 - (2) Direct practices and providers may:
- 32 (a) Enter into a participating provider contract as defined by RCW
 33 48.44.010 and 48.46.020 or plans administered under chapter 41.05,
 34 70.47, or 70.47A RCW for purposes other than payment of claims for
 35 services provided to direct patients through a direct agreement. Such
 36 providers shall be subject to all other provisions of the participating

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1 provider contract applicable to participating providers including but 2 not limited to the right to:

- (i) Make referrals to other participating providers;
- (ii) Admit the carrier's members to participating hospitals and other health care facilities;
 - (iii) Prescribe prescription drugs; and

- (iv) Implement other customary provisions of the contract not dealing with reimbursement of services;
 - (b) Pay for charges associated with the provision of routine lab and imaging services ((provided in connection with wellness physical examinations)). In aggregate such payments per year per direct patient are not to exceed fifteen percent of the total annual direct fee charged that direct patient. Exceptions to this limitation may occur in the event of short-term equipment failure if such failure prevents the provision of care that should not be delayed; and
 - (c) Charge an additional fee to direct patients for supplies, medications, and specific vaccines provided to direct patients that are specifically excluded under the agreement, provided the direct practice notifies the direct patient of the additional charge, prior to their administration or delivery.
- **Sec. 3.** RCW 48.150.050 and 2007 c 267 s 7 are each amended to read 22 as follows:
 - (1) Direct practices may not decline to accept new direct patients or discontinue care to existing patients solely because of the patient's health status. A direct practice may decline to accept a patient if the practice has reached its maximum capacity, or if the patient's medical condition is such that the provider is unable to provide the appropriate level and type of health care services in the direct practice. So long as the direct practice provides the patient notice and opportunity to obtain care from another physician, the direct practice may discontinue care for direct patients if: (a) The patient fails to pay the direct fee under the terms required by the direct agreement; (b) the patient has performed an act that constitutes fraud; (c) the patient repeatedly fails to comply with the recommended treatment plan; (d) the patient is abusive and presents an emotional or physical danger to the staff or other patients of the direct practice; or (e) the direct practice discontinues operation as a direct practice.

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(2) <u>Subject to the restrictions established in this chapter, direct</u> practices may accept payment of direct fees directly or indirectly from ((nonemployer)) third parties.

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