
HOUSE BILL 2059

State of Washington

57th Legislature

2001 Regular Session

By Representatives Dunn, Barlean, Fromhold, Cooper, Bush, Ericksen, Boldt and Linville

Read first time 02/13/2001. Referred to Committee on Health Care.

1 AN ACT Relating to health carrier duties in regards to primary care
2 providers; and amending RCW 48.43.515.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 48.43.515 and 2000 c 5 s 7 are each amended to read as
5 follows:

6 (1) Each enrollee in a health plan must have adequate choice among
7 health care providers.

8 (2) Each carrier must allow an enrollee to choose a primary care
9 provider who is accepting new enrollees from a list of participating
10 providers. Enrollees also must be permitted to change primary care
11 providers at any time with the change becoming effective no later than
12 the beginning of the month following the enrollee's request for the
13 change.

14 (3) Each carrier must have a process whereby an enrollee with a
15 complex or serious medical or psychiatric condition may receive a
16 standing referral to a participating specialist for an extended period
17 of time.

18 (4) Each carrier must provide for appropriate and timely referral
19 of enrollees to a choice of specialists within the plan if specialty

1 care is warranted. If the type of medical specialist needed for a
2 specific condition is not represented on the specialty panel, enrollees
3 must have access to nonparticipating specialty health care providers.

4 (5) Each carrier shall provide enrollees with direct access to the
5 participating chiropractor of the enrollee's choice for covered
6 chiropractic health care without the necessity of prior referral.
7 Nothing in this subsection shall prevent carriers from restricting
8 enrollees to seeing only providers who have signed participating
9 provider agreements or from utilizing other managed care and cost
10 containment techniques and processes. For purposes of this subsection,
11 "covered chiropractic health care" means covered benefits and
12 limitations related to chiropractic health services as stated in the
13 plan's medical coverage agreement, with the exception of any provisions
14 related to prior referral for services.

15 (6) Each carrier must provide, upon the request of an enrollee,
16 access by the enrollee to a second opinion regarding any medical
17 diagnosis or treatment plan from a qualified participating provider of
18 the enrollee's choice.

19 (7) Each carrier must cover services of a primary care provider
20 whose contract with the plan or whose contract with a subcontractor is
21 being terminated by the plan or subcontractor without cause under the
22 terms of that contract for at least sixty days following notice of
23 termination to the enrollees or, in group coverage arrangements
24 involving periods of open enrollment, only until the end of the next
25 open enrollment period. The provider's relationship with the carrier
26 or subcontractor must be continued on the same terms and conditions as
27 those of the contract the plan or subcontractor is terminating, except
28 for any provision requiring that the carrier assign new enrollees to
29 the terminated provider.

30 (8) Every carrier shall meet the standards set forth in this
31 section and any rules adopted by the commissioner to implement this
32 section. In developing rules to implement this section, the
33 commissioner shall consider relevant standards adopted by national
34 managed care accreditation organizations and state agencies that
35 purchase managed health care services.

36 (9) Each carrier shall:

37 (a) Include all primary care providers who are selected by covered
38 persons of the plan for the provision of health care provided by the

1 plan that falls within the statutory scope of practice of the
2 respective primary provider;

3 (b) Permit any licensed provider who meets the plans credentialing
4 standards and agrees to abide by the terms, conditions, reimbursement
5 rates, and standards of quality of the health plan to serve as a
6 participating primary provider to any person covered by the plan;

7 (c) Guarantee that all covered persons who are eligible for
8 benefits under a health benefit plan shall have direct access to the
9 primary provider of their choice independent of, and without referral
10 from, any other provider or entity;

11 (d) Not discriminate between individual providers or classes of
12 providers in the amount of reimbursement, copayment, or other financial
13 compensation for the same or essentially similar services provided by
14 the health benefit plan; and

15 (e) Not promote or recommend any individual provider or class of
16 providers to a covered person by any method or means.

--- END ---