

SENATE BILL REPORT

SSB 5854

As Passed Senate, March 13, 1995

Title: An act relating to women's health care.

Brief Description: Requiring that health plans must allow women a choice of primary care providers.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Haugen, Spanel, Wood, Prentice, Winsley, Rasmussen, Hale, Kohl, McCaslin, Fairley, Long, Loveland, Franklin, Roach, Moyer, Quigley, McAuliffe, Drew and Wojahn).

Brief History:

Committee Activity: Health & Long-Term Care: 2/24/95, 2/28/95 [DPS].
Passed Senate, 3/13/95, 48-0.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5854 be substituted therefor, and the substitute bill do pass.

Signed by Senators Quigley, Chair; Wojahn, Vice Chair; C. Anderson, Fairley, Franklin, Winsley and Wood.

Staff: Don Sloma (786-7319)

Background: As health insurance moves more rapidly toward integrated delivery systems which attempt to control costs by regulating enrollees' access to certain types of health care providers, many have become concerned that they may lose access to the providers they use most frequently.

A 1993 Gallup poll found that most women consider their obstetrician/gynecologist as their primary health care provider, and the provider from whom they have had their most recent examination. Almost 80 percent of these women currently access their obstetrician/gynecologist directly, without going through a gatekeeper. Almost all would object to having to use a gatekeeper.

Summary of Bill: Health services provided under a certified health plan, a health care service contractor, a disability insurer, a health maintenance organization, or by a provider network must identify obstetricians and gynecologists, graduated from a school of medicine or osteopathy approved and accredited according to state law, who may be chosen as primary care providers by enrollees. A primary care provider is the health care provider a person first consults and may include a person who refers a patient to another provider.

Appropriation: None.

Fiscal Note: Requested on February 19, 1995.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: Polls show that most women see OB/GYN's most frequently and that most consider OB/GYN's to be their primary care provider. OB/GYN's are trained to refer patients as needed and their referral rate is below that for other types of primary care providers. Direct access is more convenient for consumers and saves time and money that would be spent on going through gatekeepers.

Testimony Against: Many plans now provide direct access to OB/GYN and related providers, but the government should not dictate the configurations of health plans. This should be left up to market forces and the judgment of plan administrators. If primary care providers are to be defined, the definition should include many others who might be able to do it as well.

Testified: Lonnie Johns-Brown, NOW (pro); Suzan Watanabe, ARNPS United (pro w/amendment); Nick Federici, WSNA (pro w/amendment); Ken Bertrand, Group Health.

House Amendment(s): The Senate bill is stricken and replaced by provisions which delete the intent section, the designation of obstetrical/gynecological services as primary care, and references to OB/GYN accreditation. Instead health carriers must ensure that enrolled female patients have access to timely and appropriate women's health services of their choice. Women's health service provider is defined to include, but not be limited to, obstetrician/gynecologists, family practitioners physician assistants, nurse practitioners and nurse midwives, consistent with their scopes of practice.

Health carriers may underwrite specific coverage, if they choose, which provides direct access to providers of women's health services.