

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE SENATE BILL 5480**

Chapter 175, Laws of 2009

61st Legislature  
2009 Regular Session

HEALTH CARE DISCOUNT PLAN ORGANIZATION ACT

EFFECTIVE DATE: 07/26/09

Passed by the Senate March 9, 2009  
YEAS 43 NAYS 3

BRAD OWEN

\_\_\_\_\_  
**President of the Senate**

Passed by the House April 13, 2009  
YEAS 69 NAYS 29

FRANK CHOPP

\_\_\_\_\_  
**Speaker of the House of Representatives**

Approved April 22, 2009, 11:44 a.m.

CHRISTINE GREGOIRE

\_\_\_\_\_  
**Governor of the State of Washington**

CERTIFICATE

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 5480** as passed by the Senate and the House of Representatives on the dates hereon set forth.

THOMAS HOEMANN

\_\_\_\_\_  
**Secretary**

FILED

April 23, 2009

**Secretary of State  
State of Washington**

---

**SUBSTITUTE SENATE BILL 5480**

---

Passed Legislature - 2009 Regular Session

**State of Washington                      61st Legislature                      2009 Regular Session**

**By** Senate Health & Long-Term Care (originally sponsored by Senators Delvin, Franklin, Fairley, Keiser, and Shin; by request of Insurance Commissioner)

READ FIRST TIME 02/10/09.

1            AN ACT Relating to creating the Washington health care discount  
2 plan organization act; adding a new chapter to Title 48 RCW; and  
3 prescribing penalties.

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

5            NEW SECTION.    **Sec. 1.** This chapter may be known and cited as the  
6 Washington health care discount plan organization act.

7            NEW SECTION.    **Sec. 2.** The purposes of this chapter are to promote  
8 the public interest by establishing standards for discount plan  
9 organizations, to protect consumers from unfair or deceptive marketing,  
10 sales, or enrollment practices, and to facilitate consumer  
11 understanding of the role and function of discount plan organizations  
12 in providing discounts on charges for health care services.

13           NEW SECTION.    **Sec. 3.** The definitions in this section apply  
14 throughout this chapter unless the context clearly requires otherwise.

15           (1) "Affiliate" means a person that directly, or indirectly through  
16 one or more intermediaries, controls, or is controlled by, or is under  
17 common control with, the person specified.

1 (2) "Commissioner" means the Washington state insurance  
2 commissioner.

3 (3)(a) "Control" or "controlled by" or "under common control with"  
4 means the possession, direct or indirect, of the power to direct or  
5 cause the direction of the management and policies of a person, whether  
6 through the ownership of voting securities, by contract other than a  
7 commercial contract for goods or nonmanagement services, or otherwise,  
8 unless the power is the result of an official position with or  
9 corporate office held by the person.

10 (b) Control exists when any person, directly or indirectly, owns,  
11 controls, holds with the power to vote, or holds proxies representing  
12 ten percent or more of the voting securities of any other person. A  
13 presumption of control may be rebutted by a showing made in the manner  
14 provided by RCW 48.31B.005(2) and 48.31B.025(11) that control does not  
15 exist in fact. The commissioner may determine, after furnishing all  
16 persons in interest notice and opportunity to be heard and making  
17 specific findings of fact to support the determination, that control  
18 exists in fact, notwithstanding the absence of a presumption to that  
19 effect.

20 (4)(a) "Discount plan" means a business arrangement or contract in  
21 which a person or organization, in exchange for fees, dues, charges, or  
22 other consideration, provides or purports to provide discounts to its  
23 members on charges by providers for health care services.

24 (b) "Discount plan" does not include:

25 (i) A plan that does not charge a membership or other fee to use  
26 the plan's discount card;

27 (ii) A patient access program as defined in this chapter;

28 (iii) A medicare prescription drug plan as defined in this chapter;  
29 or

30 (iv) A discount plan offered by a health carrier authorized under  
31 chapter 48.20, 48.21, 48.44, or 48.46 RCW.

32 (5)(a) "Discount plan organization" means a person that, in  
33 exchange for fees, dues, charges, or other consideration, provides or  
34 purports to provide access to discounts to its members on charges by  
35 providers for health care services. "Discount plan organization" also  
36 means a person or organization that contracts with providers, provider  
37 networks, or other discount plan organizations to offer discounts on

1 health care services to its members. This term also includes all  
2 persons that determine the charge to or other consideration paid by  
3 members.

4 (b) "Discount plan organization" does not mean:

5 (i) Pharmacy benefit managers;

6 (ii) Health care provider networks, when the network's only  
7 involvement in discount plans is contracting with the plan to provide  
8 discounts to the plan's members;

9 (iii) Marketers who market the discount plans of discount plan  
10 organizations which are licensed under to this chapter as long as all  
11 written communications of the marketer in connection with a discount  
12 plan clearly identify the licensed discount plan organization as the  
13 responsible entity; or

14 (iv) Health carriers, if the discount on health care services is  
15 offered by a health carrier authorized under chapter 48.20, 48.21,  
16 48.44, or 48.46 RCW.

17 (6) "Health care facility" or "facility" has the same meaning as in  
18 RCW 48.43.005(15).

19 (7) "Health care provider" or "provider" has the same meaning as in  
20 RCW 48.43.005(16).

21 (8) "Health care provider network," "provider network," or  
22 "network" means any network of health care providers, including any  
23 person or entity that negotiates directly or indirectly with a discount  
24 plan organization on behalf of more than one provider to provide health  
25 care services to members.

26 (9) "Health care services" has the same meaning as in RCW  
27 48.43.005(17).

28 (10) "Health carrier" or "carrier" has the same meaning as in RCW  
29 48.43.005(18).

30 (11) "Marketer" means a person or entity that markets, promotes,  
31 sells, or distributes a discount plan, including a contracted marketing  
32 organization and a private label entity that places its name on and  
33 markets or distributes a discount plan pursuant to a marketing  
34 agreement with a discount plan organization.

35 (12) "Medicare prescription drug plan" means a plan that provides  
36 a medicare part D prescription drug benefit in accordance with the  
37 requirements of the federal medicare prescription drug improvement and  
38 modernization act of 2003.

1 (13) "Member" means any individual who pays fees, dues, charges, or  
2 other consideration for the right to receive the benefits of a discount  
3 plan, but does not include any individual who enrolls in a patient  
4 access program.

5 (14) "Patient access program" means a voluntary program sponsored  
6 by a pharmaceutical manufacturer, or a consortium of pharmaceutical  
7 manufacturers, that provides free or discounted health care products  
8 for no additional consideration directly to low-income or uninsured  
9 individuals either through a discount card or direct shipment.

10 (15) "Person" means an individual, a corporation, a governmental  
11 entity, a partnership, an association, a joint venture, a joint stock  
12 company, a trust, an unincorporated organization, any similar entity,  
13 or any combination of the persons listed in this subsection.

14 (16)(a) "Pharmacy benefit manager" means a person that performs  
15 pharmacy benefit management for a covered entity.

16 (b) For purposes of this subsection, a "covered entity" means an  
17 insurer, a health care service contractor, a health maintenance  
18 organization, or a multiple employer welfare arrangement licensed,  
19 certified, or registered under the provisions of this title. "Covered  
20 entity" also means a health program administered by the state as a  
21 provider of health coverage, a single employer that provides health  
22 coverage to its employees, or a labor union that provides health  
23 coverage to its members as part of a collective bargaining agreement.

24 NEW SECTION. **Sec. 4.** (1) This chapter applies to all discount  
25 plans and all discount plan organizations doing business in or from  
26 this state or that affect subjects located wholly or in part or to be  
27 performed within this state, and all persons having to do with this  
28 business.

29 (2) A discount plan organization that is a health carrier with a  
30 license, certificate of authority, or registration under RCW 48.05.030  
31 or chapter 48.31C RCW:

32 (a) Is not required to obtain a license under section 5 of this  
33 act, except that any of its affiliates that operate as a discount plan  
34 organization in this state must obtain a license under section 5 of  
35 this act and comply with all other provisions of this chapter;

36 (b) Is required to comply with sections 9 through 12 of this act

1 and report, in the form and manner as the commissioner may require, any  
2 of the information described in section 14(2) (b), (c), or (d) of this  
3 act that is not otherwise already reported; and

4 (c) Is subject to sections 16 and 17 of this act.

5 NEW SECTION. **Sec. 5.** (1) Before conducting discount plan business  
6 to which this chapter applies, a person shall obtain a license from the  
7 commissioner to operate as a discount plan organization.

8 (2) Except as provided in subsection (3) of this section, each  
9 application for a license to operate as a discount plan organization:

10 (a) Must be in a form prescribed by the commissioner and verified  
11 by an officer or authorized representative of the applicant; and

12 (b) Must demonstrate, set forth, or be accompanied by the  
13 following:

14 (i) The two hundred fifty dollar application fee, which must be  
15 deposited into the general fund;

16 (ii) A copy of the organization documents of the applicant, such as  
17 the articles of incorporation, including all amendments;

18 (iii) A copy of the applicant's bylaws or other enabling documents  
19 that establish organizational structure;

20 (iv) The applicant's federal identification number, business  
21 address, and mailing address;

22 (v)(A) A list of names, addresses, official positions, and  
23 biographical information of the individuals who are responsible for  
24 conducting the applicant's affairs, including all members of the board  
25 of directors, board of trustees, executive committee, or other  
26 governing board or committee, the officers, contracted management  
27 company personnel, and any person or entity owning or having the right  
28 to acquire ten percent or more of the voting securities of the  
29 applicant; and

30 (B) A disclosure in the listing of the extent and nature of any  
31 contracts or arrangements between any individual who is responsible for  
32 conducting the applicant's affairs and the discount plan organization,  
33 including all possible conflicts of interest;

34 (vi) A complete biographical statement, on forms prescribed by the  
35 commissioner, with respect to each individual identified under (b)(v)  
36 of this subsection;

1 (vii) A statement generally describing the applicant, its  
2 facilities and personnel, and the health care services for which a  
3 discount will be made available under the discount plan;

4 (viii) A copy of the form of all contracts made or to be made  
5 between the applicant and any health care providers or health care  
6 provider networks regarding the provision of health care services to  
7 members and discounts to be made available to members;

8 (ix) A copy of the form of any contract made or arrangement to be  
9 made between the applicant and any individual listed in (b)(v) of this  
10 subsection;

11 (x) A list identifying by name, address, telephone number, and e-  
12 mail address all persons who will market each discount plan offered by  
13 the applicant. If the person who will market a discount plan is an  
14 entity, only the entity must be identified. This list must be  
15 maintained and updated within sixty days of any change in the  
16 information. An updated list must be sent to the commissioner as part  
17 of the discount plan organization's renewal application under (b)(vii)  
18 of this subsection;

19 (xi) A copy of the form of any contract made or to be made between  
20 the applicant and any person, corporation, partnership, or other entity  
21 for the performance on the applicant's behalf of any function,  
22 including marketing, administration, enrollment, and subcontracting for  
23 the provision of health care services to members and discounts to be  
24 made available to members;

25 (xii) A copy of the applicant's most recent financial statements  
26 audited by an independent certified public accountant, except that,  
27 subject to the approval of the commissioner, an applicant that is an  
28 affiliate of a parent entity that is publicly traded and that prepares  
29 audited financial statements reflecting the consolidated operations of  
30 the parent entity may submit the audited financial statement of the  
31 parent entity and a written guaranty that the minimum capital  
32 requirements required under section 6 of this act will be met by the  
33 parent entity instead of the audited financial statement of the  
34 applicant;

35 (xiii) A description of the proposed methods of marketing  
36 including, but not limited to, describing the use of marketers, use of  
37 the internet, sales by telephone, electronic mail, or facsimile  
38 machine, and use of salespersons to market the discount plan benefits;

1 (xiv) A description of the member complaint procedures which must  
2 be established and maintained by the applicant;

3 (xv) The name and address of the applicant's Washington statutory  
4 agent for service of process, notice, or demand or, if not domiciled in  
5 this state, a power of attorney duly executed by the applicant,  
6 appointing the commissioner and duly authorized deputies as the true  
7 and lawful attorney of the applicant in and for this state upon whom  
8 all law process in any legal action or proceeding against the discount  
9 plan organization on a cause of action arising in this state may be  
10 served; and

11 (xvi) Any other information the commissioner may reasonably  
12 require.

13 (3)(a) Upon application to and approval by the commissioner and  
14 payment of the applicable fees, a discount plan organization that holds  
15 a current license or other form of authority from another state to  
16 operate as a discount plan organization, at the commissioner's  
17 discretion, may not be required to submit the information required  
18 under subsection (2) of this section in order to obtain a license under  
19 this section if the commissioner is satisfied that the other state's  
20 requirements, at a minimum, are equivalent to those required under  
21 subsection (2) of this section or the commissioner is satisfied that  
22 the other state's requirements are sufficient to protect the interests  
23 of the residents of this state.

24 (b) Whenever the discount plan organization loses its license or  
25 other form of authority in that other state to operate as a discount  
26 plan organization, or is the subject of any disciplinary administrative  
27 proceeding related to the organization's operating as a discount plan  
28 organization in that other state, the discount plan organization shall  
29 immediately notify the commissioner.

30 (4) After the receipt of an application filed under subsection (2)  
31 or (3) of this section, the commissioner shall review the application  
32 and notify the applicant of any deficiencies in the application.

33 (5)(a) Within ninety days after the date of receipt of a completed  
34 application, the commissioner shall:

35 (i) Issue a license if the commissioner is satisfied that the  
36 applicant has met the following:

37 (A) The applicant has fulfilled the requirements of this section



1 and the minimum capital requirements in accordance with section 6 of  
2 this act; and

3 (B) The persons who own, control, and manage the applicant are  
4 competent and trustworthy and possess managerial experience that would  
5 make the proposed operation of the discount plan organization  
6 beneficial to discount plan members; or

7 (ii) Disapprove the application and state the grounds for  
8 disapproval.

9 (b) In making a determination under (a) of this subsection, the  
10 commissioner may consider, for example, whether the applicant or an  
11 officer or manager of the applicant: (i) Is not financially  
12 responsible; (ii) does not have adequate expertise or experience to  
13 operate a medical discount plan organization; or (iii) is not of good  
14 character. Among the factors that the commissioner may consider in  
15 making the determination is whether the applicant or an affiliate or a  
16 business formerly owned or managed by the applicant or an officer or  
17 manager of the applicant has had a previous application for a license,  
18 or other authority, to operate as any entity regulated by the  
19 commissioner denied, revoked, suspended, or terminated for cause, or is  
20 under investigation for or has been found in violation of a statute or  
21 regulation in another jurisdiction within the previous five years.

22 (6) Prior to licensure by the commissioner, each discount plan  
23 organization shall establish an internet web site in order to conform  
24 to the requirements of section 10(2) of this act.

25 (7)(a) A license is effective for one year, unless prior to its  
26 expiration the license is renewed in accordance with this subsection or  
27 suspended or revoked in accordance with subsection (8) of this section.

28 (b) At least ninety days before a license expires, the discount  
29 plan organization shall submit:

30 (i) A renewal application form; and

31 (ii) A two hundred dollar renewal application fee for deposit into  
32 the general fund.

33 (c) The commissioner shall renew the license of each holder that  
34 meets the requirements of this chapter and pays the appropriate renewal  
35 fee required.

36 (8)(a) The commissioner may suspend the authority of a discount  
37 plan organization to enroll new members or refuse to renew or revoke a

1 discount plan organization's license if the commissioner finds that any  
2 of the following conditions exist:

3 (i) The discount plan organization is not operating in compliance  
4 with this chapter;

5 (ii) The discount plan organization does not have the minimum net  
6 worth as required under section 6 of this act;

7 (iii) The discount plan organization has advertised, merchandised,  
8 or attempted to merchandise its services in such a manner as to  
9 misrepresent its services or capacity for service or has engaged in  
10 deceptive, misleading, or unfair practices with respect to advertising  
11 or merchandising;

12 (iv) The discount plan organization is not fulfilling its  
13 obligations as a discount plan organization; or

14 (v) The continued operation of the discount plan organization would  
15 be hazardous to its members.

16 (b) If the commissioner has cause to believe that grounds for the  
17 nonrenewal, suspension, or revocation of a license exists, the  
18 commissioner shall notify the discount plan organization in writing  
19 specifically stating the grounds for the refusal to renew or suspension  
20 or revocation and may also pursue a hearing on the matter under chapter  
21 48.04 RCW.

22 (c) When the license of a discount plan organization is nonrenewed,  
23 surrendered, or revoked, the discount plan organization shall  
24 immediately upon the effective date of the order of revocation or, in  
25 the case of a nonrenewal, the date of expiration of the license, stop  
26 any further advertising, solicitation, collecting of fees, or renewal  
27 of contracts, and proceed to wind up its affairs transacted under the  
28 license.

29 (d)(i) When the commissioner suspends a discount plan  
30 organization's authority to enroll new members, the suspension order  
31 must specify the period during which the suspension is to be in effect  
32 and the conditions, if any, that must be met by the discount plan  
33 organization prior to reinstatement of its license to enroll members.

34 (ii) The commissioner may rescind or modify the order of suspension  
35 prior to the expiration of the suspension period.

36 (iii) The license of a discount plan organization may not be  
37 reinstated unless requested by the discount plan organization. The

1 commissioner shall not grant the request for reinstatement if the  
2 commissioner finds that the circumstances for which the suspension  
3 occurred still exist or are likely to recur.

4 (9) Each licensed discount plan organization shall notify the  
5 commissioner immediately whenever the discount plan organization's  
6 license, or other form of authority to operate as a discount plan  
7 organization in another state, is suspended, revoked, or nonrenewed in  
8 that state.

9 (10) A health care provider who provides discounts to his or her  
10 own patients without any cost or fee of any kind to the patient is not  
11 required to obtain and maintain a license under this chapter as a  
12 discount plan organization.

13 NEW SECTION. **Sec. 6.** (1) Except under subsection (3) of this  
14 section, before the commissioner issues a license to any person  
15 required to obtain a license under section 5 of this act, the person  
16 seeking to operate a discount plan organization must have a net worth  
17 of at least one hundred fifty thousand dollars.

18 (2) At all times, except under subsection (3) of this section, each  
19 discount plan organization must maintain a net worth of at least one  
20 hundred fifty thousand dollars.

21 (3) By rule of the commissioner, the amounts in subsections (1) and  
22 (2) of this section may be adjusted annually for inflation.

23 NEW SECTION. **Sec. 7.** (1) Each licensed discount plan organization  
24 shall continuously maintain in force a surety bond in its own name in  
25 an amount not less than thirty-five thousand dollars to be used in the  
26 discretion of the commissioner to protect the financial interest of  
27 Washington members. The bond must be issued by an insurance company  
28 licensed to do business in this state.

29 (2) In lieu of the bond specified in subsection (1) of this  
30 section, a licensed discount plan organization may deposit and maintain  
31 deposited with the commissioner, or at the discretion of the  
32 commissioner, with any organization or trustee acceptable to the  
33 commissioner through which a custodial or controlled account is  
34 utilized, cash, securities, or any combination of these or other  
35 measures that are acceptable to the commissioner which always have a  
36 market value of not less than thirty-five thousand dollars.

1 (3) All income from a deposit made under subsection (2) of this  
2 section is an asset of the discount plan organization.

3 (4) Except for the commissioner, the assets or securities held in  
4 this state as a deposit under subsection (1) or (2) of this section are  
5 not subject to levy by a judgment creditor or other claimant of the  
6 discount plan organization.

7 NEW SECTION. **Sec. 8.** (1) The commissioner may conduct  
8 investigations to determine whether any person has violated any  
9 provision of this chapter and may, if the commissioner has a reason to  
10 believe that the discount plan organization is not complying with the  
11 requirements of this chapter, examine the business and affairs of any  
12 discount plan organization.

13 (2) An examination conducted under subsection (1) of this section  
14 must be performed in accordance with chapter 48.03 RCW, except that RCW  
15 48.03.060 (1) and (2) shall not be applicable to the examination of  
16 persons registered under this chapter.

17 (3) The commissioner may:

18 (a) Order any discount plan organization or applicant that operates  
19 a discount plan organization to produce any records, books, files,  
20 advertising, and solicitation materials or other information; and

21 (b) Gather evidence and take statements under oath to determine  
22 whether the discount plan organization or applicant is in violation of  
23 the law or is acting contrary to the public interest.

24 (4) The discount plan organization or applicant that is the subject  
25 of the examination or investigation shall pay the expenses incurred in  
26 conducting the examination or investigation. Failure by the discount  
27 plan organization or applicant to pay the expenses is grounds for  
28 denial or revocation of a license to operate as a discount plan  
29 organization.

30 (5) All discount plan organizations or applicants that are subject  
31 to examinations, investigations, or annual reporting requirements under  
32 this chapter shall maintain detailed books and records of the  
33 following:

34 (a) Records documenting all Washington transactions, showing all  
35 funds received and all funds disbursed to Washington members,  
36 prospective members, providers, and provider networks;

1 (b) All contracts or agreements with providers of the services  
2 under a discount plan offered in Washington or sold to Washington  
3 residents; and

4 (c) Telephone scripts for marketing activities to which this  
5 chapter applies.

6 The discount plan organization shall maintain the books and records  
7 described in this section, in addition to the books and records  
8 required to be maintained under section 10 of this act, for a period of  
9 at least two years.

10 NEW SECTION. **Sec. 9.** (1) A discount plan organization may charge  
11 a periodic charge as well as a reasonable one-time processing fee of no  
12 more than thirty dollars for a discount plan, or such other amount as  
13 established by rule, but may not require payment of these or any other  
14 charges or fees by direct debit from a banking, credit, or debit card  
15 account unless that method of payment is clearly and conspicuously  
16 disclosed to the prospective member. All charges and fees must be  
17 provided in writing to the member when the member first joins the plan.

18 (2) When a marketer or discount plan organization solicits a  
19 discount plan in conjunction with any other product, all charges that  
20 a member or prospective member must pay for each discount plan must be  
21 provided in writing as a separate item to the member or prospective  
22 member, unless the entire amount of the periodic charge which includes  
23 the periodic discount plan charge will be refunded if the member  
24 cancels his or her membership in the discount plan organization within  
25 the first thirty days after the date of receipt of the written  
26 documents for the discount plan as provided in subsection (3) of this  
27 section.

28 (3)(a)(i) If a member cancels his or her membership in the discount  
29 plan organization within the first thirty days after the date of  
30 receipt of the written documents for the discount plan described in  
31 section 12(4) of this act, the member must receive a reimbursement of  
32 all periodic charges upon return of the discount plan card to the  
33 discount plan organization.

34 (ii)(A) Cancellation occurs when notice of cancellation is given to  
35 the discount plan organization.

36 (B) Notice of cancellation is given when delivered by hand or

1 deposited in a mailbox, properly addressed and postage prepaid to the  
2 mailing address of the discount plan organization, or e-mailed to the  
3 e-mail address of the discount plan organization.

4 (iii) A discount plan organization shall return in full any  
5 periodic charge charged or collected after the member has given the  
6 discount plan organization notice of cancellation.

7 (b) If the discount plan organization cancels a membership for any  
8 reason other than nonpayment of charges by the member, the discount  
9 plan organization shall make a pro rata reimbursement of all periodic  
10 charges to the member.

11 NEW SECTION. **Sec. 10.** (1)(a) A discount plan organization shall  
12 have a written health care provider agreement with all health care  
13 providers for whose health care services it provides access to a  
14 discount to its members. The written health care provider agreement  
15 may be entered into directly with the health care provider or  
16 indirectly with a health care provider network to which the health care  
17 provider belongs.

18 (b) A health care provider agreement between a discount plan  
19 organization and a health care provider must provide the following:

20 (i) A list of the health care services and products to be provided  
21 at a discount;

22 (ii) The amount or amounts of the discounts or, alternatively, a  
23 fee schedule that reflects the health care provider's discounted rates;  
24 and

25 (iii) That the health care provider may not charge members more  
26 than the discounted rates.

27 (c) A health care provider agreement between a discount plan  
28 organization and a health care provider network must require that the  
29 health care provider network have written agreements with its health  
30 care providers that:

31 (i) Contain the provisions described in (b) of this subsection;

32 (ii) Authorize the health care provider network to contract with  
33 the discount plan organization on behalf of the health care provider;  
34 and

35 (iii) Require the health care provider network to maintain an  
36 up-to-date list of its contracted health care providers and to provide  
37 the list on a monthly basis to the discount plan organization.

1 (d) A health care provider agreement between a discount plan  
2 organization and an entity that contracts with a health care provider  
3 network must require that the entity, in its contract with the health  
4 care provider network, require the health care provider network to have  
5 written agreements with its health care providers that comply with (c)  
6 of this subsection.

7 (e) The discount plan organization shall maintain a copy of each  
8 health care provider agreement into which it has entered and shall  
9 promptly furnish a copy of each agreement to the commissioner when  
10 requested.

11 (2)(a) Each discount plan organization shall maintain on an  
12 internet web site a list of the names and addresses of the health care  
13 providers with which it has a current provider agreement directly or  
14 through a health care provider network. This list must be updated  
15 every thirty days. The internet web site address must be prominently  
16 displayed on all of its advertisements, marketing materials, brochures,  
17 and discount plan cards.

18 (b) This subsection applies to those health care providers with  
19 which the discount plan organization has a current provider agreement  
20 directly as well as those health care providers that are members of a  
21 health care provider network with which the discount plan organization  
22 has a current provider agreement.

23 NEW SECTION. **Sec. 11.** (1) A discount plan organization may market  
24 its products directly to consumers or contract with marketers for the  
25 distribution of its discount plans.

26 (2)(a) The discount plan organization shall have an executed  
27 written agreement with a marketer prior to the marketer's marketing,  
28 promoting, selling, or distributing the discount plan organization's  
29 discount plans.

30 (b) The agreement between the discount plan organization and the  
31 marketer must prohibit the marketer from using advertising, marketing  
32 materials, brochures, and discount plan cards without first having the  
33 discount plan organization's approval in writing.

34 (c) The discount plan organization is bound by and responsible for  
35 the activities of a marketer that are within the scope of the  
36 marketer's agency relationship with the organization.

1 (3) A discount plan organization shall approve in writing all  
2 advertisements, marketing materials, brochures, and discount cards used  
3 by marketers to market, promote, sell, or distribute the discount plan  
4 prior to their use.

5 (4) Upon request, a discount plan organization shall submit to the  
6 commissioner all advertising, marketing materials, and brochures used  
7 or to be used in connection with the organization's discount plans.

8 NEW SECTION. **Sec. 12.** (1)(a) All advertisements, marketing  
9 efforts, promotions, marketing materials, discount plan documents,  
10 brochures, discount plan cards, and any other communications of a  
11 discount plan organization provided to prospective members and members  
12 must be truthful and not misleading in fact or in implication.

13 (b) Any advertisement, marketing material, discount plan document,  
14 brochure, discount plan card, or other communication is misleading in  
15 fact or in implication if it has a capacity or tendency to mislead or  
16 deceive based on the overall impression that it may reasonably be  
17 expected to create within the segment of the public to which it is  
18 directed.

19 (c) A discount plan organization shall conduct its business in its  
20 own legal name and all written communications from a discount plan to  
21 regulators and consumers must prominently display the discount plan  
22 organization's full legal name.

23 (2) A discount plan organization shall not:

24 (a) Except as otherwise provided in this chapter or as a disclaimer  
25 of any relationship between discount plan benefits and insurance, or as  
26 a description of an insurance product connected with a discount plan,  
27 use in its advertisements, marketing efforts, promotions, marketing  
28 materials, discount plan documents, brochures, and discount plan cards  
29 the term "insurance";

30 (b) Describe or characterize the discount plan as being insurance  
31 whenever a discount plan is bundled with an insured product and the  
32 insurance benefits are incidental to the discount plan benefits;

33 (c) Use in its advertisements, marketing efforts, promotions,  
34 marketing materials, discount plan documents, brochures, and discount  
35 plan cards words or phrases that are commonly associated with the  
36 business of insurance, such as the terms "health plan," "coverage,"  
37 "copay," "copayments," "deductible," "preexisting conditions,"



1 "guaranteed issue," "premium," "PPO," "preferred provider  
2 organization," or similar terms, in a manner that could reasonably  
3 mislead an individual into believing that the discount plan is health  
4 insurance;

5 (d) Use language in its advertisements, marketing efforts,  
6 promotions, marketing material, discount plan documents, brochures, and  
7 discount plan cards with respect to being licensed by the insurance  
8 commissioner's office in a manner that could reasonably mislead an  
9 individual into believing that the discount plan is insurance or has  
10 been endorsed by the insurance commissioner's office;

11 (e) Make misleading, deceptive, or fraudulent representations  
12 regarding the discount or range of discounts offered by the discount  
13 plan or the access to any range of discounts offered by the discount  
14 plan;

15 (f) Have restrictions on access to discount plan providers  
16 including, except for hospital services, waiting periods and  
17 notification periods; or

18 (g) Pay health care providers any fees for health care services or  
19 collect or accept money from a member to pay a health care provider for  
20 health care services provided under the discount plan, unless the  
21 discount plan organization has an active certificate of authority or  
22 registration in Washington.

23 (3)(a) Each discount plan organization shall make the following  
24 general disclosures in not less than twelve-point type on the first  
25 content page of any advertisements, marketing materials, or brochures  
26 made available to the public relating to a discount plan, along with  
27 any enrollment forms given to a prospective member:

28 (i) That the plan is a discount plan and is not insurance coverage;

29 (ii) If true, that the range of discounts for health care services  
30 provided under the plan will vary depending on the type of health care  
31 provider and health care service received;

32 (iii) That the discount plan organization does not make payments to  
33 providers for the health care services received under the discount  
34 plan, unless the discount plan organization has an active certificate  
35 of authority or registration, as described in subsection (2)(g) of this  
36 section;

37 (iv) That the plan member is obligated to pay for all health care

1 services, but will receive the stated discount from those health care  
2 providers that have a current provider agreement with the discount plan  
3 organization; and

4 (v) The toll-free telephone number and internet web site address  
5 for the licensed discount plan organization for prospective members and  
6 members to obtain additional information about and assistance with the  
7 discount plan and up-to-date lists of health care providers  
8 participating in the discount plan.

9 (b) If the initial contact with a prospective member is by  
10 telephone, the disclosures required under (a) of this subsection must  
11 be made orally and included in the initial written materials that  
12 describe the benefits under the discount plan provided to the  
13 prospective or new member.

14 (4)(a) In addition to the general disclosures required under  
15 subsection (3) of this section, each discount plan organization shall  
16 send to:

17 (i) Each prospective member, at their request, information that  
18 describes the terms and conditions of the discount plan, including any  
19 limitations or restrictions on the refund of any processing fees or  
20 periodic charges associated with the discount plan. The written  
21 materials presented must not be dependent upon the requestor first  
22 making any form of payment or enrolling in the plan; and

23 (ii) Each new member, within fourteen calendar days of enrollment,  
24 written documents that contain all terms and conditions of the discount  
25 plan.

26 (b) The written documents required under (a)(ii) of this subsection  
27 must be clear and include the following information:

28 (i) The name of the member;

29 (ii) The benefits to be provided under the discount plan;

30 (iii) Any processing fees and periodic charges associated with the  
31 discount plan, including any limitations or restrictions on the refund  
32 of any processing fees and periodic charges;

33 (iv) The mode of payment of any processing fees and periodic  
34 charges, such as monthly or quarterly, and procedures for changing the  
35 mode of payment;

36 (v) Any limitations, exclusions, or exceptions regarding the  
37 receipt of discount plan benefits;

1 (vi) Any waiting periods for receiving discounts on hospital  
2 services under the discount plan;

3 (vii) Procedures for obtaining discounts under the discount plan,  
4 such as requiring members to contact the discount plan organization to  
5 make an appointment with a health care provider on the member's behalf;

6 (viii) Cancellation procedures, including information on the  
7 member's thirty-day cancellation rights and refund requirements and  
8 procedures for obtaining refunds;

9 (ix) Renewal, termination, and cancellation terms and conditions;

10 (x) Procedures for adding new members to a family discount plan, if  
11 applicable;

12 (xi) Procedures for filing complaints under the discount plan  
13 organization's complaint system and information that, if the member  
14 remains dissatisfied after completing the organization's complaint  
15 system, the plan member may contact the office of the insurance  
16 commissioner; and

17 (xii) The name, telephone number, internet web site address, and  
18 mailing address of the licensed discount plan organization or other  
19 entity where the member can make inquiries about the plan, or send  
20 cancellation notices and file complaints.

21 NEW SECTION. **Sec. 13.** Each discount plan organization shall  
22 provide the commissioner at least thirty days' advance notice of any  
23 change in the discount plan organization's name, address, principal  
24 business address, mailing address, toll-free telephone number, or  
25 internet web site address.

26 NEW SECTION. **Sec. 14.** (1) If the information required in  
27 subsection (2) of this section is not provided at the time of renewal  
28 of a license under section 5 of this act, a discount plan organization  
29 shall file an annual report with the commissioner in the form  
30 prescribed by the commissioner no later than March 31st of the  
31 following year.

32 (2) The annual report must be filed with the commissioner,  
33 accompanied by the twenty dollar annual reporting fee to be deposited  
34 into the general fund. The annual report must include:

1 (a) Audited financial statements prepared in accordance with  
2 generally accepted accounting principles certified by an independent  
3 certified public accountant, including the organization's balance  
4 sheet, income statement, and statement of changes in cash flow for the  
5 preceding year. However, subject to the approval of the commissioner,  
6 an organization that is an affiliate of a parent entity that is  
7 publicly traded and that prepares audited financial statements  
8 reflecting the consolidated operations of the parent entity may submit  
9 the audited financial statement of the parent entity and a written  
10 guaranty that the minimum capital requirements required under section  
11 6 of this act will be met by the parent entity instead of the audited  
12 financial statement of the organization;

13 (b) If different from the initial application for a license, or at  
14 the time of renewal of a license, or the last annual report, as  
15 appropriate, a list of the names and residence addresses of all persons  
16 responsible for the conduct of the organization's affairs, together  
17 with a disclosure of the extent and nature of any contracts or  
18 arrangements with these persons and the discount plan organization,  
19 including any possible conflicts of interest;

20 (c) The number of current members the discount plan organization  
21 has in the state; and

22 (d) Any other information relating to the performance of the  
23 discount plan organization that may be required by the commissioner.

24 (3) Any discount plan organization that fails to file an annual  
25 report in the form and within the time required by this section is  
26 subject to the following:

27 (a) Monetary penalties of:

28 (i) Up to five hundred dollars each day for the first ten days  
29 during which the violation continues; and

30 (ii) Up to one thousand dollars each day after the first ten days  
31 during which the violation continues; and

32 (b) Upon notice by the commissioner, loss, suspension, or  
33 revocation of its license and authority to enroll new members or to do  
34 business in this state while the violation continues.

35 NEW SECTION. **Sec. 15.** Each discount plan organization shall  
36 designate and provide the commissioner with the name, address, and

1 telephone number of the organization's compliance officer responsible  
2 for ensuring compliance with this chapter.

3 NEW SECTION. **Sec. 16.** (1) In lieu of or in addition to suspending  
4 or revoking a discount plan organization's license under section 5(8)  
5 of this act, whenever the commissioner has cause to believe that any  
6 person is violating or is about to violate any provision of this  
7 chapter or any rules adopted under this chapter or any order of the  
8 commissioner, the commissioner may:

- 9 (a) Issue a cease and desist order; and
- 10 (b) After hearing or with the consent of the discount plan  
11 organization and in addition to or in lieu of the suspension,  
12 revocation, or refusal to renew any license, impose a monetary penalty  
13 of not less than one hundred dollars for each violation and not more  
14 than ten thousand dollars for each violation.

15 (2) A person that willfully operates as or aids and abets another  
16 operating as a discount plan organization in violation of section 5(1)  
17 of this act commits insurance fraud and is subject to RCW 48.15.020 and  
18 48.15.023, as if the unlicensed discount plan organization were an  
19 unauthorized insurer, and the fees, dues, charges, or other  
20 consideration collected from the members by the unlicensed discount  
21 plan organization or marketer were insurance premiums.

22 (3) A person that collects fees for purported membership in a  
23 discount plan but willfully fails to provide the promised benefits  
24 commits a theft and upon conviction is subject to the provisions of  
25 Title 9A RCW. In addition, upon conviction, the person shall pay  
26 restitution to persons aggrieved by the violation of this chapter.

27 (4) Any person damaged by acts that violate this chapter may  
28 maintain an action for the recovery of damages caused by that act or  
29 acts.

- 30 (a) An action for violation of this section may be brought:
  - 31 (i) In the county where the plaintiff resides;
  - 32 (ii) In the county where the plaintiff conducts business; or
  - 33 (iii) In the county where the discount plan was sold, marketed,  
34 promoted, advertised, or otherwise distributed.

35 (b) The acceptance or use of any discount plan or discount plan  
36 card does not operate as a waiver of any civil, criminal, or  
37 administrative claim that may be asserted under this chapter.

1        NEW SECTION.    **Sec. 17.** (1)(a) In addition to the penalties and  
2 other enforcement provisions of this chapter, the commissioner may seek  
3 both temporary and permanent injunctive relief when:

4        (i) A discount plan is being operated by a person or entity that is  
5 not licensed under this chapter; or

6        (ii) Any person, entity, or discount plan organization has engaged  
7 in any activity prohibited by this chapter or any rule adopted under  
8 this chapter.

9        (b) The venue for any court proceeding brought under this section  
10 is Thurston county.

11        (2) The commissioner's authority to seek injunctive relief is not  
12 conditioned on having conducted any proceeding under chapter 34.05 RCW.

13        NEW SECTION.    **Sec. 18.** The commissioner may adopt rules to  
14 implement this chapter.

15        NEW SECTION.    **Sec. 19.** If any provision of this act or its  
16 application to any person or circumstance is held invalid, the  
17 remainder of the act or the application of the provision to other  
18 persons or circumstances is not affected.

19        NEW SECTION.    **Sec. 20.** Any person, organization, or entity that  
20 has engaged in a discount plan business to which this chapter applies,  
21 and has done so on or before the effective date of this section, has  
22 six months following the effective date of this section to submit a  
23 substantially complete application for a license as provided in section  
24 5 of this act and to otherwise come into compliance with the  
25 requirements of this chapter.

26        NEW SECTION.    **Sec. 21.** Sections 1 through 20 of this act  
27 constitute a new chapter in Title 48 RCW.

      Passed by the Senate March 9, 2009.

      Passed by the House April 13, 2009.

      Approved by the Governor April 22, 2009.

      Filed in Office of Secretary of State April 23, 2009.