

SB 5958-S2.E - DIGEST

(DIGEST AS ENACTED)

Creates innovative primary health care delivery.

Finds that the public policy of Washington is to promote access to medical care for all citizens and encourage innovative arrangements between patients and providers that will help provide all citizens with a medical home.

Declares that Washington needs a multipronged approach to provide adequate health care to many citizens who lack adequate access to it. Direct patient-provider practices, in which patients enter into a direct relationship with medical practitioners and pay a fixed amount directly to the health care provider for primary care services, represent an innovative, affordable option which could improve access to medical care, reduce the number of people who now lack such access, and cut down on emergency room use for primary care purposes, thereby freeing up emergency room facilities to treat true emergencies.

Provides that a "health care service contractor" does not include direct patient-provider primary care practices.

Provides that direct practices must submit annual statements to the office of insurance commissioner specifying the number of providers in each practice, total number of patients being served, providers' names, and the business address for each direct practice. The form for the annual statement will be developed in a manner prescribed by the commissioner.

Provides that, by December 1, 2012, the commissioner shall submit a study of direct care practices to the appropriate committees of the senate and house of representatives. The study shall include an analysis of the extent to which direct care practices: (1) Improve or reduce access to primary health care services by recipients of medicare and medicaid, individuals with private health insurance, and the uninsured;

(2) Provide adequate protection for consumers from practice bankruptcy, practice decisions to drop participants, or health conditions not covered by direct care practices;

(3) Increase premium costs for individuals who have health coverage through traditional health insurance;

(4) Have an impact on a health carrier's ability to meet network adequacy standards set by the commissioner or state health purchasing agencies; and

(5) Cover a population that is different from individuals covered through traditional health insurance.

Requires the study to also examine the extent to which individuals and families participating in a direct care practice maintain health coverage for health conditions not

covered by the direct care practice. The commissioner shall recommend to the legislature whether the statutory authority for direct care practices to operate should be continued, modified, or repealed.