

SENATE BILL REPORT

SB 6589

As of February 7, 2012

Title: An act relating to direct patient-provider primary care practice services for public employees.

Brief Description: Requiring a direct patient-provider primary care practice services option for public employees.

Sponsors: Senators Kastama and Tom.

Brief History:

Committee Activity: Ways & Means:

SENATE COMMITTEE ON WAYS & MEANS

Staff: Erik Sund (786-7454)

Background: Legislation passed in 2007 established direct patient-provider primary health care practices (direct practices) in insurance law. Direct practices charge patients a set fee for all primary care services provided in their offices, regardless of the number of visits. No insurance plan is involved, although patients may have insurance for other services beyond primary care. The direct agreement between the patient and the provider details the direct fee and services that are to be provided. The direct practice is prevented in current law from accepting payments for services provided to any direct care patients from any regulated insurance carriers, Public Employees Benefits Board (PEBB) plans, and Basic Health plans. There are currently 24 direct practices in Washington, with approximately 10,000 patients.

PEBB program within the Health Care Authority offers comprehensive health packages for all state and higher education employees and retirees, and their dependents. PEBB must maintain the comprehensive nature of the benefits and maintain benefits that are substantially equivalent with those that were offered in 1993 when the Legislature first directed the implementation of managed competition or premium sharing.

Summary of Bill: Beginning with the 2012 open enrollment, PEBB must offer at least one self-insured plan in which participants receive primary care services from a direct practice. Any plan offered must include coverage for services not provided by the direct provider so that the total coverage is comparable to other self-insured plans offered through PEBB. The direct fee to the direct practice must be paid by PEBB rather than the individual subscriber.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The premiums established for the direct plan must not result in employees paying a share of total premium cost that exceed 75 percent of the share of total premium costs paid by employees enrolling in the traditional comprehensive health plan, not including the direct fee.

PEBB must use best efforts to inform and educate enrollees of the existence and benefits of the plan. These efforts must include, but not be limited to, an invitation to direct providers eligible to participate in the plan to also participate in open enrollment meetings and other enrollee communication methods.

Direct practices may accept payment for direct fees paid on behalf of direct patients enrolled in the new health plan offered by PEBB.

Appropriation: None.

Fiscal Note: Requested on February 6, 2012.

Committee/Commission/Task Force Created: No.

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