

PROPOSED SUBSTITUTE HOUSE BILL 1480

By Representative Green

Original bill: Allows a direct practice to pay for charges associated with the provision of prescription drugs.

Substitute bill compared to original bill: The proposed substitute limits the drugs that may be dispensed to a 30-day supply of generic drugs and clarifies that the drugs must be provided at no additional cost to the patient.

<i>Committee:</i>	<i>House Health Care & Wellness Committee</i>
<i>Staff:</i>	<i>Jim Morishima (786-7191), Office of Program Research</i>
<i>Draft:</i>	<i>H-1454.1/13</i>

BILL REQUEST - CODE REVISER'S OFFICE

BILL REQ. #: H-1454.1/13

ATTY/TYPIST: AL:lel

BRIEF DESCRIPTION: Concerning the provision of prescription drugs
by direct practice providers.

1 AN ACT Relating to providing prescription drugs by direct practice
2 providers; amending RCW 48.150.040; and reenacting and amending RCW
3 48.150.010.

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

5 **Sec. 1.** RCW 48.150.010 and 2009 c 552 s 1 are each reenacted and
6 amended to read as follows:

7 The definitions in this section apply throughout this chapter
8 unless the context clearly requires otherwise.

9 (1) "Direct agreement" means a written agreement entered into
10 between a direct practice and an individual direct patient, or the
11 parent or legal guardian of the direct patient or a family of direct
12 patients, whereby the direct practice charges a direct fee as
13 consideration for being available to provide and providing primary care
14 services to the individual direct patient. A direct agreement must (a)
15 describe the specific health care services the direct practice will
16 provide; and (b) be terminable at will upon written notice by the
17 direct patient.

18 (2) "Direct fee" means a fee charged by a direct practice as

1 consideration for being available to provide and providing primary care
2 services as specified in a direct agreement.

3 (3) "Direct patient" means a person who is party to a direct
4 agreement and is entitled to receive primary care services under the
5 direct agreement from the direct practice.

6 (4) "Direct patient-provider primary care practice" and "direct
7 practice" means a provider, group, or entity that meets the following
8 criteria in (a), (b), (c), and (d) of this subsection:

9 (a)(i) A health care provider who furnishes primary care services
10 through a direct agreement;

11 (ii) A group of health care providers who furnish primary care
12 services through a direct agreement; or

13 (iii) An entity that sponsors, employs, or is otherwise affiliated
14 with a group of health care providers who furnish only primary care
15 services through a direct agreement, which entity is wholly owned by
16 the group of health care providers or is a nonprofit corporation exempt
17 from taxation under section 501(c)(3) of the internal revenue code, and
18 is not otherwise regulated as a health care service contractor, health
19 maintenance organization, or disability insurer under Title 48 RCW.
20 Such entity is not prohibited from sponsoring, employing, or being
21 otherwise affiliated with other types of health care providers not
22 engaged in a direct practice;

23 (b) Enters into direct agreements with direct patients or parents
24 or legal guardians of direct patients;

25 (c) Does not accept payment for health care services provided to
26 direct patients from any entity subject to regulation under Title 48
27 RCW or plans administered under chapter 41.05, 70.47, or 70.47A RCW;
28 and

29 (d) Does not provide, in consideration for the direct fee,
30 services, procedures, or supplies such as prescription drugs except as
31 provided in RCW 48.150.040(2)(c), hospitalization costs, major surgery,
32 dialysis, high level radiology (CT, MRI, PET scans or invasive
33 radiology), rehabilitation services, procedures requiring general
34 anesthesia, or similar advanced procedures, services, or supplies.

35 (5) "Health care provider" or "provider" means a person regulated
36 under Title 18 RCW or chapter 70.127 RCW to practice health or health-
37 related services or otherwise practicing health care services in this
38 state consistent with state law.

(6) "Health carrier" or "carrier" has the same meaning as in RCW 48.43.005.

(7) "Network" means the group of participating providers and facilities providing health care services to a particular health carrier's health plan or to plans administered under chapter 41.05, 70.47, or 70.47A RCW.

(8) "Primary care" means routine health care services, including screening, assessment, diagnosis, and treatment for the purpose of promotion of health, and detection and management of disease or injury.

Sec. 2. RCW 48.150.040 and 2009 c 552 s 2 are each amended to read as follows:

(1) Direct practices may not:

(a) Enter into a participating provider contract as defined in RCW 48.44.010 or 48.46.020 with any carrier or with any carrier's contractor or subcontractor, or plans administered under chapter 41.05, 70.47, or 70.47A RCW, to provide health care services through a direct agreement except as set forth in subsection (2) of this section;

(b) Submit a claim for payment to any carrier or any carrier's contractor or subcontractor, or plans administered under chapter 41.05, 70.47, or 70.47A RCW, for health care services provided to direct patients as covered by their agreement;

(c) With respect to services provided through a direct agreement, be identified by a carrier or any carrier's contractor or subcontractor, or plans administered under chapter 41.05, 70.47, or 70.47A RCW, as a participant in the carrier's or any carrier's contractor or subcontractor network for purposes of determining network adequacy or being available for selection by an enrollee under a carrier's benefit plan; or

(d) Pay for health care services covered by a direct agreement rendered to direct patients by providers other than the providers in the direct practice or their employees, except as described in subsection (2)(b) of this section.

(2) Direct practices and providers may:

(a) Enter into a participating provider contract as defined by RCW 48.44.010 and 48.46.020 or plans administered under chapter 41.05, 70.47, or 70.47A RCW for purposes other than payment of claims for services provided to direct patients through a direct agreement. Such

1 providers shall be subject to all other provisions of the participating
2 provider contract applicable to participating providers including but
3 not limited to the right to:

4 (i) Make referrals to other participating providers;

5 (ii) Admit the carrier's members to participating hospitals and
6 other health care facilities;

7 (iii) Prescribe prescription drugs; and

8 (iv) Implement other customary provisions of the contract not
9 dealing with reimbursement of services;

10 (b) Pay for charges associated with the provision of routine lab
11 and imaging services. In aggregate such payments per year per direct
12 patient are not to exceed fifteen percent of the total annual direct
13 fee charged that direct patient. Exceptions to this limitation may
14 occur in the event of short-term equipment failure if such failure
15 prevents the provision of care that should not be delayed; ~~((and))~~

16 (c) Pay for charges associated with the dispensing, at no
17 additional cost to the direct patient, of an initial supply, not to
18 exceed thirty days, of generic prescription drugs prescribed by the
19 direct provider; and

20 (d) Charge an additional fee to direct patients for supplies,
21 medications, and specific vaccines provided to direct patients that are
22 specifically excluded under the agreement, provided the direct practice
23 notifies the direct patient of the additional charge, prior to their
24 administration or delivery.

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