

FORMATTING NOTE:

In initiatives, legislative bills and other proposed measures, language that is to be deleted from current statutes is represented by a "strikethrough" character and language that is to be added is underlined. Because these special characters cannot be formatted in all Internet browsers, a different set of symbols is used for presenting these proposals on-line. The symbols are as follows:

- Text that is surrounded by (({- text here -})) is text that will be DELETED FROM the existing statute if the proposed measure is approved.
- Text that is surrounded by {+ text here +} is text that will be ADDED TO the existing statute if the proposed measure is approved.
- {+ NEW SECTION+} (found at the beginning of a section or paragraph) indicates that ALL of the text in that section will become law if the proposed measure is approved.

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INITIATIVE 673

I, Ralph Munro, Secretary of State of the State of Washington and custodian of its seal, hereby certify that, according to the records on file in my office, the attached copy of Initiative Measure No. 673 to the People is a true and correct copy as it was received by this office.

AN ACT Relating to health plans; and adding a new section to chapter 48.43 RCW.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF WASHINGTON:

{+ NEW SECTION. +} Sec. 1. A new section is added to chapter 48.43 RCW to read as follows:

Every health plan delivered, issued for delivery, or renewed by a health carrier on and after July 1, 1998:

(1) May include managed care or other management or administrative provisions only to assure effective and efficient delivery of health care services. Such provisions must ensure that people changing health plans or employment will not be required to change doctors or nurse practitioners as defined in subsection (3) below. Managed care or similar provisions may not discriminate against any provider or type of provider included in the plan and must be written and applied on a substantially fair and uniform basis among all health care providers included in the plan;

(2) Must disclose such information about the plan as the insurance commissioner provides by rule. Such information must include the percentages of premium and investment income attributable to salaries and administration, to profits, and to direct provision of health care services, and must include any requirements or agreements between the plan and providers that restrict access or referral to other providers or otherwise limit the provision of health care services;

(3)(a) Must permit every individual doctor and nurse practitioner, as defined in (b) of this subsection, to provide health services or care for conditions to the extent that:

(I) The provision of such health services or care is within the doctor's or nurse practitioner's respective scope of practice;

(ii) The doctor or nurse practitioner agrees to abide by standards related to provision of cost-effective and clinically efficacious

health services and to utilization review, cost containment, and efficient management procedures; and

(iii) The plan covers the condition or provides the service.

(b) For purpose of this section, the term "doctor" means doctor of medicine licensed under chapter 18.71 RCW, doctor of pharmacy or pharmacist licensed under chapter 18.64 RCW, doctor of psychology licensed under chapter 18.83 RCW, doctor of osteopathic medicine and surgery licensed under chapter 18.57 RCW, doctor of chiropractic licensed under chapter 18.25 RCW, doctor of podiatric medicine and surgery licensed under chapter 18.22 RCW, doctor of naturopathy licensed under chapter 18.36A RCW, and doctor of optometry licensed under chapter 18.53 RCW. "Nurse practitioner" means a nurse practitioner licensed under chapter 18.79 RCW. This subsection (3) does not apply to a health plan to the extent that it directly employs doctors or nurse practitioners.

The insurance commissioner shall adopt rules to implement this section.

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