



INITIATIVE MEASURE 673

PROPOSED TO THE PEOPLE

Official Ballot Title:

Shall health insurance plans be regulated as to provision of services by designated health care providers, managed care provisions, and disclosure of certain plan information?

Note: The ballot title and explanatory statement were written by the Attorney General as required by law. The complete text of Initiative Measure 673 begins on page 21.

Statement For

You, not an insurance company, should choose your health care provider. Initiative 673 tells insurance companies that *you* have the right to choose your own doctor — **and to keep your doctor when you change jobs or insurance plans**. I-673 also **requires insurance companies to be accountable** for how they spend your health insurance money.

WHAT I-673 DOES AND DOESN'T DO

(1) Plans must permit people to keep their current doctors — even if they change health plans or employment. “Managed Care” practices and requirements must be efficient, fair, and non-discriminatory.

(2) The health plan must **disclose provider agreements that restrict your access to health services** and important financial information (such as what percentage of your premium actually goes to health care).

(3) *Your* health plan must permit *your doctor or licensed nurse-practitioner* to participate in your plan, with **three safeguards**:

- the care must be within your provider’s state-licensed scope of practice;
- your doctor must agree to reasonable standards and contractual terms and conditions consistent with effective and financially responsible health care; and,
- the plan must cover the condition or provide the service. (Your health plan is only required to pay providers for conditions or services covered by your plan.)

WHY YOU SHOULD VOTE FOR I-673

(1) The most important health care decisions for you and your children must be made by you — not by an insurance company.

(2) Restoring your right and responsibility to choose your

own doctor should *reduce, not increase*, your health insurance cost: fair, free-market competition among providers and health insurers for your patronage will lower health care costs.

For more information, call 1-800-906-4406. Internet: <http://www.speakeasy.org/initiative673>

Rebuttal of Statement Against

Here’s the plain truth about Initiative 673. It would:

- Give you the ability to keep your own doctor if you change jobs or health plans.
 - Require health insurance companies to disclose any restrictions on your health care coverage.
 - Require health plans to tell you what percentage of your health care premium is going to administrative costs and corporate health insurance executive salaries.
- Vote “yes” on I-673.

Voters Pamphlet Statement Prepared by:

CHERYL HYMES, retired State Legislator (Republican); LARS HENNUM, President, Washington State Council of Senior Citizens; PAUL W. BECKER, M.D., Association of American Physicians & Surgeons – Washington State.

Advisory Committee: BETTY SUE MORRIS, former State Representative (Democrat); JOYCE MULLIKEN, State Representative (Republican); STEVE CONWAY, State Representative (Democrat).

The law as it now exists:

Current law defines a "health plan" to mean "any policy, contract, or agreement offered by a health carrier to provide, arrange, reimburse, or pay for health care service," with certain exceptions. "Health carriers" include insurance companies, health care service contractors, and health maintenance organizations.

Current law requires health plans to provide information upon request concerning availability of service, referral procedures, managed care practices, grievance procedures, and related items.

Current law requires any health plan to permit every category of health care provider to provide covered services or care that is within a provider's permitted scope of practice, if the providers agree to meet plan standards relating to use and cost containment, management and administrative procedures, and provision of cost effective and medically effective services. Current law does not require a health plan to include every individual doctor or nurse practitioner who is willing to perform services covered by the plan. Under current law, health plans may lawfully contract with selected providers.

The effect of Initiative Measure 673, if approved into law:

This measure would establish additional requirements for health plans, effective July 1998. Health plans could include managed care or other management or administrative provisions only to ensure effective and efficient delivery of health care systems. Each plan would be required to ensure that people changing health plans or changing employment would not be required to change their doctor or nurse practitioner. Managed care provisions could not discriminate against any specific provider or type of provider included in the plan, and must be applied on a substantially fair and uniform basis among all providers included.

Health carriers would be required to disclose certain additional information about their health plans, including percentages of premium and investment income attributable to salaries and administration, to profits, and to direct provision of health care services. The disclosure must also show any plan requirements or agreements that restrict access or referral or otherwise limit the provision of health care services.

(continued on page 20)

Statement Against

THE TRUTH ABOUT I-673:

The special interests behind this deceptive measure want you to think it is about greater choice of provider. Don't be fooled!

1. DOCTORS OPPOSE I-673

Doctors oppose I-673 because it undermines high quality health care. The measure makes it harder to ensure that only the most qualified doctors and specialists care for you.

2. ELIMINATES CHOICE OF HEALTH PLAN

You will lose your ability to choose a lower cost health plan. You will have to pay for every single provider in the plan even if you don't want them.

3. DRAMATICALLY INCREASES HEALTH CARE COSTS

Independent studies of proposals like I-673 predict costs will rise by up to 20% — more than \$1,000 per family! Do you want to pay an extra \$1,000 for your health insurance?

4. DAMAGES SMALL BUSINESS

Many small businesses will not be able to afford these cost increases. They will be forced to reduce or eliminate health insurance coverage, or lay employees off.

5. PEOPLE LOSE COVERAGE

You could also lose health insurance coverage for your spouse and children because of increased costs. You will pay higher co-payments for services.

6. HAMMERS TAXPAYERS

Taxpayers will be forced to pay millions of dollars more to provide coverage to public employees and people on public assistance.

WHO BENEFITS?

The special interests promoting I-673 have spent thousands of dollars to put it on the ballot. Why? To increase their profits at your expense.

NO ON I-673!

Rebuttal of Statement For

Don't Be Fooled!

Doctors, nurses and the state hospital and medical associations oppose I-673.

I-673 jeopardizes quality, increases costs and forces you to pay for virtually every health care provider in Washington — whether you want to or not. I-673 will take away your ability to choose a health plan tailored to your needs and pocketbook.

I-673 isn't about guaranteeing your choice, it's about guaranteed income for the special interests who wrote it.

Vote No!

Voters Pamphlet Statement Prepared by:

NANCY L. PURCELL, M.D., President of the Washington State Medical Association; BERNADENE "BERNIE" DOCHNAHL, small business owner, former Chair — Health Services Commission; DONALD C. BRUNELL, President, the Association of Washington Business.

Advisory Committee: PETER M. MCGOUGH, M.D., family practice physician; BOB WATT, President & CEO, Greater Seattle Chamber of Commerce; GARY SMITH, Executive Director, Independent Business Association; OWEN REESE, M.D., Medical Director for Memorial Clinic Health Network; DEBBIE WARD, R.N.



INITIATIVE MEASURE 673 (continued from page 5)

The effect of Initiative Measure 673, if approved into law (continued):

Each health plan would be required to permit every individual doctor (defined by the measure to include doctors of medicine, pharmacy, psychology, osteopathic medicine and surgery, chiropractic, podiatric medicine and surgery, naturopathy, and optometry) and nurse practitioner to provide services or care under the plan, if (1) such services or care is within the health care provider's scope of practice; (2) the provider agrees to abide by standards of cost effective and medically effective health services and to reviews designed to contain costs and promote efficient management; and (3) the plan covers the condition or provides the services.

The insurance commissioner would be directed to adopt rules to implement the new measure.



INITIATIVE MEASURE 676 (continued from page 7)

The effect of Initiative Measure 676, if approved into law (continued):

Current holders of concealed pistol licenses would have to obtain handgun safety licenses when their pistol licenses expires, is renewed or revoked, or January 1, 2004, whichever comes first. The training requirement would be waived for certain law enforcement officers or for persons with military training on the safe operation, handling, and storage of handguns.

The department of licensing would be authorized to adopt rules to implement the measure. The department could authorize private instructors to provide the handgun safety course. The department could authorize county and city law enforcement agencies to accept handgun safety license applications and process renewals for the department.

Any handgun possessed or controlled in violation of this act is contraband and shall immediately be taken into custody by law enforcement. However, it is an absolute defense to forfeiture if a person has or obtains a handgun safety license within sixty days of notice of forfeiture.

The following would be exempt from the handgun safety license requirement: persons who are in law enforcement or in the armed forces and who are required to possess a handgun in connection with their official duties; persons under the direct supervision of a licensed or exempt individual who are using a handgun as part of handgun safety training, or for target shooting at a business where such activity is authorized; persons temporarily handling a firearm in the presence of a dealer for the purpose of considering purchase; and persons temporarily possessing a handgun in an emergency involving lawful defense of self, others, or property.



INITIATIVE MEASURE 678 (continued from page 11)

The effect of Initiative Measure 678, if approved into law (continued):

by law except administering nitrous oxide and placing and carving restorations. To obtain the enhanced practice endorsement, a hygienist would have to practice for at least five years under the supervision of a licensed dentist, must establish health care provider referral protocols, and must have training in cardiopulmonary resuscitation and basic life support.

Dental hygienists who have practiced for five years under the current law would be eligible for an enhanced practice certificate upon application if the measure is approved.

Dental hygienists would still be prohibited from: performing oral surgery (except soft tissue curettage and restorative procedures); prescribing drugs (except that the dental hygiene quality assurance commission could approve appropriate drugs which dental hygienists could purchase and apply in performing dental hygiene services); diagnosis for dental treatment or treatment planning; and taking impressions (except for home therapy purposes).



INITIATIVE MEASURE 685 (continued from page 13)

The effect of Initiative Measure 685, if approved into law (continued):

Any person convicted of personal possession or use of controlled substances after the measure is enacted would be eligible for probation. The sentencing judge could require appropriate drug treatment or education. A person convicted three times of personal possession or use of a controlled substance would not be eligible for probation.

A commission on drug education and prevention, including members who are parents, would be created, to be appointed by the Governor. The commission would fund education on alcohol and controlled substances, substance abuse, and enhanced parental involvement. Six million dollars per year would be transferred from the state general fund to a new drug treatment and education fund, to be used by the department of corrections to implement the parole provisions of the measure, by county probation departments for drug treatment and education programs, and by the commission on drug education and prevention.



REFERENDUM BILL 47 (continued from page 15)

The effect of Referendum Bill 47, if approved into law (continued):

The 106 percent limitation on levy increases would be adjusted downward in some cases. For taxing districts with a population of less than ten thousand, the limit would remain 106 percent. For all other taxing districts, the limit would be the most recent twelve-month "inflation" rate published by the federal department of commerce in the year before the taxes are payable, but never more than 106 percent. The legislative authority of any taxing district could, by a special majority, establish a different limitation upon a finding of "substantial need," but could never set a limit more than 106 percent. As with current law, any taxing district could exceed its levy limit after obtaining voter approval of a specific proposition.

The state levy for 1998 would be reduced by 4.7187 percent of the amount that otherwise would be allowed.



COMPLETE TEXT OF Initiative Measure 673

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.



COMPLETE TEXT OF Initiative Measure 676

AN ACT Relating to handgun safety; amending RCW 9.41.047, 9.41.0975, 9.41.094, 9.41.097, 9.41.129, and 9.41.800; adding a new chapter to Title 9 RCW; creating a new section; prescribing penalties; providing an effective date; and declaring an emergency.

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

NEW SECTION. Sec. 1. The sovereign people of the state of Washington declare that:

(1) Handguns are a leading cause of death and serious injury. In recent years more people have been murdered by handguns in Washington state (population 5.5 million) than in the entire countries of Canada (population 26.9 million) and Great Britain (population 57.5 million) combined.

(2) As a result of unsafe use or storage of handguns, children frequently are killed or wounded, either through criminal violence, accidents, or suicide. Nationally, more than five thousand children under the age of nineteen are killed or wounded each year by handguns. Many of these child victims died in Washington state.

(3) The injury and death caused by the unsafe storage and use of handguns constitutes a direct threat to the public health and safety of the citizens of Washington state.

(4) The great majority of firearms deaths resulting from homicide, accident, and suicide are caused by handguns and not rifles or shotguns.

(5) A handgun, like an automobile, is extremely dangerous when used by a person without proper training in its safe operation, handling, and storage.

(6) Requiring that each handgun user obtain a handgun safety license is a reasonable means for the public to protect itself from the unlawful and unsafe use and storage of these firearms.

NEW SECTION. Sec. 2. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Handgun" means a pistol, as defined in RCW 9.41.010, except a pistol that has been permanently disabled so that it cannot fire a projectile, or an antique firearm as defined in RCW 9.41.010(8).

(2) "Trigger-locking device" means any device, mechanism, or container that prevents the discharge of the handgun unless the device or mechanism is deactivated, removed, or opened by use of a key, security code, or other means that effectively limits the operation of the handgun to persons permitted to use the handgun.

(3) The definitions of "firearm," "pistol," "antique firearm," "dealer," "law enforcement officer," and other definitions in RCW 9.41.010 apply throughout this chapter unless the context clearly requires otherwise.

NEW SECTION. Sec. 3. Notwithstanding any other provisions of law, it is unlawful within the state of Washington for any person, corporation, or entity knowingly to sell, deliver, loan, or otherwise transfer a handgun to any person, including an individual taking possession of a handgun as an employee