
Labor & Workforce Development Committee

HB 2359

Brief Description: Addressing the industrial insurance medical provider network with respect to provider treatment or procedures ordered by the board of industrial insurance appeals or a court and provider appeals.

Sponsors: Representatives Reykdal, Ormsby, Pollet, Sells, Moscoso, Lytton, Wylie, Jinkins, Fitzgibbon, Kenney and Santos.

Brief Summary of Bill

- Provides that the Department of Labor & Industries may not remove a provider from the health care provider network for failure to follow Department coverage decisions or treatment guidelines or policies if the treatment or procedure was ordered by the Board of Industrial Insurance Appeals or a court.
- Provides that Department decisions to remove a provider from the network and other provider decisions are final orders subject to reconsideration and appeal.

Hearing Date: 1/17/12

Staff: Joan Elgee (786-7106).

Background:

Legislation enacted in 2012 (SSB 5801) directed the Department of Labor & Industries (Department) to establish a health care provider network (network) to treat injured workers. Once the provider network is established in a worker's geographic area, an injured worker may receive care for a provider outside the network only for the initial or emergency room visit.

Providers must meet minimum standards established by the Department to be accepted into the network and must follow the Department's evidence-based coverage decisions, treatment

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guidelines, and policies. The legislation directed the Department to collaborate with an advisory group. The advisory group recommends minimum standards for approval of an application, removal of a provider from the network, or to require peer review. A statutory committee, the Industrial Insurance Medical Advisory Committee, was directed to develop criteria for removal of providers for the advisory group and Department's consideration.

Providers who meet additional best practice standards may qualify for a second tier within the network. The Department certifies and decertifies second tier providers.

A worker, provider, or other person aggrieved by an order, decision, or award of the Department must file an appeal with the Board of Industrial Insurance Appeals (Board) before filing in court. Persons may also request reconsideration by the Department.

Summary of Bill:

The Department may not remove a provider from the network for failure to follow the Department's coverage decisions or treatment guidelines or policies if the treatment or procedure was ordered by the Board or a court.

The Department's decision to disapprove a provider's application to the network or for second tier certification, or to suspend or remove a provider from the network, decertify a second tier provider, or take other corrective action against a provider with respect to the network is a final order subject to reconsideration by the Department and appeal to the Board.

Appropriation: None.

Fiscal Note: Requested on January 12, 2012.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.