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**SENATE BILL 5355**

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**State of Washington 65th Legislature 2017 Regular Session**

**By** Senators Conway, Rivers, Cleveland, Keiser, Kuderer, Hasegawa, Saldaña, and Darneille

AN ACT Relating to expanding the use of telemedicine to improve access to care for injured workers; amending RCW 51.36.080; and creating a new section.

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

NEW SECTION. **Sec.**  Telemedicine can play an integral role in expanding access to care for catastrophically injured workers that often need access to multidisciplinary care teams that address trauma, rehabilitation, and mental health care that may be housed in hospitals and centers of excellence with ready access to telemedicine technologies. The technology can help bridge access to care in geographic areas that are underserved by many specialties and reduce barriers to accessing needed specialty care for injured workers. It is the legislative intent for the department of labor and industries to develop access to telemedicine and reimburse providers for services in a manner that is similar to the policies developed for commercial health insurance plans under RCW 48.43.735 and medicaid managed care plans under RCW 74.09.325.

**Sec.**  RCW 51.36.080 and 1998 c 245 s 104 are each amended to read as follows:

(1) All fees and medical charges under this title shall conform to the fee schedule established by the director and shall be paid within sixty days of receipt by the department of a proper billing in the form prescribed by department rule or sixty days after the claim is allowed by final order or judgment, if an otherwise proper billing is received by the department prior to final adjudication of claim allowance. The department shall pay interest at the rate of one percent per month, but at least one dollar per month, whenever the payment period exceeds the applicable sixty-day period on all proper fees and medical charges.

Beginning in fiscal year 1987, interest payments under this subsection may be paid only from funds appropriated to the department for administrative purposes.

Nothing in this section may be construed to require the payment of interest on any billing, fee, or charge if the industrial insurance claim on which the billing, fee, or charge is predicated is ultimately rejected or the billing, fee, or charge is otherwise not allowable.

In establishing fees for medical and other health care services, the director shall consider the director's duty to purchase health care in a prudent, cost-effective manner without unduly restricting access to necessary care by persons entitled to the care. With respect to workers admitted as hospital inpatients on or after July 1, 1987, the director shall pay for inpatient hospital services on the basis of diagnosis-related groups, contracting for services, or other prudent, cost-effective payment method, which the director shall establish by rules adopted in accordance with chapter 34.05 RCW.

(2) The director may establish procedures for selectively or randomly auditing the accuracy of fees and medical billings submitted to the department under this title.

(3) The director shall develop access to telemedicine and reimburse providers for services in a manner that is similar to the policies developed for commercial health insurance plans under RCW 48.43.735 and medicaid managed care plans under RCW 74.09.325.

(4) The department shall reimburse a provider for a health care service provided to a covered person through telemedicine or store and forward technology for a health care service that is medically necessary. Services may be associated with the following sites:

(a) Hospital;

(b) Rural health clinic;

(c) Federally qualified health center;

(d) Physician's or other health care provider's office;

(e) Community mental health center;

(f) Skilled nursing facility;

(g) Renal dialysis center, except an independent renal dialysis center; or

(h) Home or any location determined appropriate by the individual receiving the service.

(5) For purposes of this section the following definitions apply:

(a) "Store and forward technology" means use of an asynchronous transmission of a covered person's medical information from an originating site to the health care provider at a distant site which results in medical diagnosis and management of the covered person, and does not include the use of audio-only telephone, facsimile, or email; and

(b) "Telemedicine" means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, "telemedicine" does not include the use of audio-only telephone, facsimile, or email.

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