

HOUSE BILL REPORT

SB 6129

As Reported By House Committee On:
Health Care

Title: An act relating to mental health services.

Brief Description: Allowing a mental health practitioner and an enrollee to contract for services under certain circumstances.

Sponsors: Senators Fairley and Franklin.

Brief History:

Committee Activity:

Health Care: 2/23/96 [DPA].

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass as amended. Signed by 10 members: Representatives Dyer, Chairman; Backlund, Vice Chairman; Hymes, Vice Chairman; Cody, Ranking Minority Member; Casada; Conway; Crouse; Morris; Sherstad and Skinner.

Staff: Antonio Sanchez (786-7383).

Background: Under the terms of some health care services contracts, enrollees are prohibited from independently contracting for continued mental health services after the allotted number of visits or other coverage provisions with mental health practitioners have been exhausted. Even if the enrollee agrees to pay for the mental health care in full, the agreement may still be disallowed.

Summary of Amended Bill: As is consistent with federal and state law, health carriers are prohibited from writing contracts which deny enrollees and mental health practitioners the option of independently arranging to continue care, at the enrollee's expense, after the benefits of the contract expire. Health carriers include disability insurers, health care service contractors, the Basic Health Plan, the state health insurance pool, and health maintenance organizations.

Mental health practitioners include psychiatrists, psychologists, advanced practice psychiatric nurses, social workers, marriage and family therapists, and mental health counselors.

Independent agreements between a mental health practitioner and an enrollee's are permitted when benefits expire, if the enrollee's condition is excluded from coverage, or for any clinically appropriate reason at the time. Mental health practitioners are required to provide patients with written notice stipulating who is responsible for payment for services received during an appeal.

These independent agreements do not apply to the full-time staff of health carriers.

Amended Bill Compared to Original Bill: Language is added that requires the act to comply with federal and state law. Clarification is provided to require that a consumer seeing a mental health provider during an appeal for additional benefits must receive written notice from the provider indicating who would be responsible for payment for services received during the appeal.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date of Amended Bill: Ninety days after adjournment of session in which bill is passed.

Testimony For: This bill would prohibit plans from restricting consumers from paying for mental health care services on a private pay basis, without any impact on how health carriers choose to manage mental health services covered under their contracts. When benefits have been exhausted, a consumer is forced to seek out another provider and re-establish a consumer/provider relationship. This is more costly to the consumer, both financially and emotionally, because the consumer must retell his or her story. This can also delay necessary treatment.

Testimony Against: None

Testified: Lucy Homans, Washington State Psychological Association.