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HOUSE BILL 2561

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State of Washington                      54th Legislature                      1996 Regular Session

By Representatives Hymes, Quall and Campbell

Read first time 01/12/96. Referred to Committee on Health Care.

1            AN ACT Relating to health insurance pool policy coverage for  
2 cranial hair prostheses for alopecia areata; and amending RCW  
3 48.41.110.

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

5            **Sec. 1.** RCW 48.41.110 and 1987 c 431 s 11 are each amended to read  
6 as follows:

7            (1) The administrator shall prepare a brochure outlining the  
8 benefits and exclusions of the pool policy in plain language. After  
9 approval by the board of directors, such brochure shall be made  
10 reasonably available to participants or potential participants. The  
11 health insurance policy issued by the pool shall pay only usual,  
12 customary, and reasonable charges for medically necessary eligible  
13 health care services rendered or furnished for the diagnosis or  
14 treatment of illnesses, injuries, and conditions which are not  
15 otherwise limited or excluded. Eligible expenses are the usual,  
16 customary, and reasonable charges for the health care services and  
17 items for which benefits are extended under the pool policy. Such  
18 benefits shall at minimum include, but not be limited to, the following  
19 services or related items:

- 1 (a) Hospital services, including charges for the most common  
2 semiprivate room, for the most common private room if semiprivate rooms  
3 do not exist in the health care facility, or for the private room if  
4 medically necessary, but limited to a total of one hundred eighty  
5 inpatient days in a calendar year, and limited to thirty days inpatient  
6 care for mental and nervous conditions, or alcohol, drug, or chemical  
7 dependency or abuse per calendar year;
- 8 (b) Professional services including surgery for the treatment of  
9 injuries, illnesses, or conditions, other than dental, which are  
10 rendered by a health care provider, or at the direction of a health  
11 care provider, by a staff of registered or licensed practical nurses,  
12 or other health care providers;
- 13 (c) The first twenty outpatient professional visits for the  
14 diagnosis or treatment of one or more mental or nervous conditions or  
15 alcohol, drug, or chemical dependency or abuse rendered during a  
16 calendar year by one or more physicians, psychologists, or community  
17 mental health professionals, or, at the direction of a physician, by  
18 other qualified licensed health care practitioners;
- 19 (d) Drugs and contraceptive devices requiring a prescription;
- 20 (e) Services of a skilled nursing facility, excluding custodial and  
21 convalescent care, for not more than one hundred days in a calendar  
22 year as prescribed by a physician;
- 23 (f) Services of a home health agency;
- 24 (g) Chemotherapy, radioisotope, radiation, and nuclear medicine  
25 therapy;
- 26 (h) Oxygen;
- 27 (i) Anesthesia services;
- 28 (j) Prostheses, other than dental, including cranial hair  
29 prostheses for alopecia areata resulting from chemotherapy or radiation  
30 treatments or the pathological consequences of any disease process,  
31 except those which are of a common congenital pattern;
- 32 (k) Durable medical equipment which has no personal use in the  
33 absence of the condition for which prescribed;
- 34 (l) Diagnostic x-rays and laboratory tests;
- 35 (m) Oral surgery limited to the following: Fractures of facial  
36 bones; excisions of mandibular joints, lesions of the mouth, lip, or  
37 tongue, tumors, or cysts excluding treatment for temporomandibular  
38 joints; incision of accessory sinuses, mouth salivary glands or ducts;  
39 dislocations of the jaw; plastic reconstruction or repair of traumatic

1 injuries occurring while covered under the pool; and excision of  
2 impacted wisdom teeth;

3 (n) Services of a physical therapist and services of a speech  
4 therapist;

5 (o) Hospice services;

6 (p) Professional ambulance service to the nearest health care  
7 facility qualified to treat the illness or injury; and

8 (q) Other medical equipment, services, or supplies required by  
9 physician's orders and medically necessary and consistent with the  
10 diagnosis, treatment, and condition.

11 (2) The board shall design and employ cost containment measures and  
12 requirements such as, but not limited to, preadmission certification  
13 and concurrent inpatient review which may make the pool more cost-  
14 effective.

15 (3) The pool benefit policy may contain benefit limitations,  
16 exceptions, and reductions that are generally included in health  
17 insurance plans and are approved by the insurance commissioner;  
18 however, no limitation, exception, or reduction may be approved that  
19 would exclude coverage for any disease, illness, or injury.

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