
SENATE BILL 6715

State of Washington

54th Legislature

1996 Regular Session

By Senators Moyer, Owen, Deccio, Hochstatter, Johnson, Loveland, Morton, Snyder, Prince, Rasmussen and Winsley

Read first time 01/25/96. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to review of mandated health insurance benefits;
2 amending RCW 48.42.060, 48.42.070, and 48.42.080; adding a new chapter
3 to Title 48 RCW; recodifying RCW 48.42.060, 48.42.070, and 48.42.080;
4 and declaring an emergency.

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

6 **Sec. 1.** RCW 48.42.060 and 1984 c 56 s 1 are each amended to read
7 as follows:

8 The legislature ~~((takes notice of the increasing number of~~
9 ~~proposals for the))~~ finds that there is a continued interest in
10 mandating ~~((of))~~ certain health coverages or offering of health
11 coverages by ~~((insurance))~~ health carriers~~((, health care service~~
12 ~~contractors, and health maintenance organizations as a component of~~
13 ~~individual or group policies.))~~; and that improved access to these
14 health care services to segments of the population which desire them
15 can provide beneficial social and health consequences which may be in
16 the public interest.

17 The legislature finds further, however, that the cost ramifications
18 of expanding health coverages is ~~((resulting in a growing))~~ of
19 continuing concern~~((The way that such coverages are structured and~~

1 ~~the steps taken to create incentives to provide cost effective services~~
2 ~~or to take advantage of cost off setting features of services can~~
3 ~~significantly influence the cost impact of mandating particular~~
4 ~~coverages.); and that the merits of a particular ((coverage mandate))~~
5 mandated benefit must be balanced against a variety of consequences
6 which may go far beyond the immediate impact upon the cost of insurance
7 coverage. The legislature hereby finds and declares that a systematic
8 review of proposed mandated ((or mandatorily offered health coverage))
9 benefits, which explores all the ramifications of such proposed
10 legislation, will assist the legislature in determining whether
11 mandating a particular coverage or offering is in the public interest.
12 ((This chapter provides for a set of guidelines which should be
13 addressed in the consideration of all such mandated coverage proposals
14 coming before the legislature.)) The purpose of this chapter is to
15 establish a procedure for the proposal, review, and determination of
16 mandated benefit necessity.

17 NEW SECTION. Sec. 2. Unless otherwise specifically provided, the
18 definitions in this section apply throughout this chapter.

19 (1) "Appropriate committees of the legislature" or "committees"
20 means nonfiscal standing committees of the Washington state senate and
21 house of representatives that have jurisdiction over statutes that
22 regulate health carriers, health care facilities, health care
23 providers, or health care services.

24 (2) "Department" means the Washington state department of health.

25 (3) "Health care facility" or "facility" means hospices licensed
26 under chapter 70.127 RCW, hospitals licensed under chapter 70.41 RCW,
27 rural health care facilities as defined in RCW 70.175.020, psychiatric
28 hospitals licensed under chapter 71.12 RCW, nursing homes licensed
29 under chapter 18.51 RCW, community mental health centers licensed under
30 chapter 71.05 or 71.24 RCW, kidney disease treatment centers licensed
31 under chapter 70.41 RCW, ambulatory diagnostic, treatment, or surgical
32 facilities licensed under chapter 70.41 RCW, drug and alcohol treatment
33 facilities licensed under chapter 70.96A RCW, and home health agencies
34 licensed under chapter 70.127 RCW, and includes such facilities if
35 owned and operated by a political subdivision or instrumentality of the
36 state, and such other facilities as required by federal law and
37 implementing regulations.

38 (4) "Health care provider" or "provider" means:

1 (a) A person regulated under Title 18 or chapter 70.127 RCW, to
2 practice health or health-related services or otherwise practicing
3 health care services in this state consistent with state law; or

4 (b) An employee or agent of a person described in (a) of this
5 subsection, acting in the course and scope of his or her employment.

6 (5) "Health care service" or "service" means a service, drug, or
7 medical equipment offered or provided by a health care facility and a
8 health care provider relating to the prevention, cure, or treatment of
9 illness, injury, or disease.

10 (6) "Health carrier" or "carrier" means a disability insurer
11 regulated under chapter 48.20 or 48.21 RCW, a health care service
12 contractor as defined in RCW 48.44.010, a health maintenance
13 organization as defined in RCW 48.46.020, plans operating under the
14 state health care authority under chapter 41.05 RCW, the state health
15 insurance pool operating under chapter 48.41 RCW, and insuring entities
16 regulated in chapter 48.43 RCW.

17 (7) "Mandated health insurance benefit" or "mandated benefit" means
18 coverage or offering required by law to be provided by a health carrier
19 to: (a) Cover a specific health care service or services, or (b)
20 contract, pay, or reimburse specific categories of health care
21 providers for specific services.

22 **Sec. 3.** RCW 48.42.070 and 1989 1st ex.s. c 9 s 221 are each
23 amended to read as follows:

24 Mandated health insurance benefits shall be established as follows:

25 (1) Every person ~~who,~~ or organization ((which)) ~~that,~~ seeks
26 ((sponsorship of a legislative proposal which would mandate a health
27 coverage or offering of a health coverage by an insurance carrier,
28 health care service contractor, or health maintenance organization as
29 a component of individual or group policies, shall submit a report to
30 the legislative committees having jurisdiction, assessing both the
31 social and financial impacts of such coverage, including the efficacy
32 of the treatment or service proposed, according to the guidelines
33 enumerated in RCW 48.42.080. Copies of the report shall be sent to the
34 state department of health for review and comment. The state
35 department of health shall make recommendations based on the report to
36 the extent requested by the legislative committees)) to establish a
37 mandated benefit shall, at least ninety days prior to a regular
38 legislative session, submit a mandated benefit proposal to the

1 appropriate committees of the legislature, assessing the social impact,
2 financial impact, and evidence of health care service efficacy of the
3 benefit in strict adherence to the criteria enumerated in RCW 48.42.080
4 (as recodified by this act).

5 (2) The chair of a committee may request that the department
6 examine the proposal using the criteria set forth in RCW 48.42.080 (as
7 recodified by this act), however, such request must be made no later
8 than nine months prior to a subsequent regular legislative session.

9 (3) The department shall report to the appropriate committees of
10 the legislature on the appropriateness of adoption no later than thirty
11 days prior to the legislative session during which the proposal is to
12 be considered.

13 (4) Mandated benefits shall be authorized by law, but in no case
14 for a period in excess of ten years.

15 **Sec. 4.** RCW 48.42.080 and 1984 c 56 s 3 are each amended to read
16 as follows:

17 ~~((Guidelines for assessing the impact of proposed mandated or~~
18 ~~mandatorily offered health coverage to the extent that information is~~
19 ~~available, shall include, but not be limited to, the following:))~~

20 (1) Based on the availability of relevant information, the
21 following criteria shall be used to assess the impact of proposed
22 mandated benefits:

23 (a) The social impact: ~~((+a))~~ (i) To what extent is the
24 ~~((treatment or service))~~ benefit generally utilized by a significant
25 portion of the population? ~~((+b))~~ (ii) To what extent is the
26 ~~((insurance coverage))~~ benefit already generally available? ~~((+c))~~
27 (iii) If ~~((coverage))~~ the benefit is not generally available, to what
28 extent ~~((does the lack of coverage result in persons avoiding necessary~~
29 ~~health care treatments))~~ has its unavailability resulted in persons not
30 receiving needed services? ~~((+d))~~ (iv) If the ~~((coverage))~~ benefit is
31 not generally available, to what extent ~~((does the lack of coverage~~
32 result)) has its unavailability resulted in unreasonable financial
33 hardship? ~~((+e))~~ (v) What is the level of public demand for the
34 ~~((treatment or service))~~ benefit? ~~((+f) What is the level of public~~
35 ~~demand for insurance coverage of treatment or service?-(g))~~ (vi) What
36 is the level of interest of collective bargaining agents in negotiating
37 privately for inclusion of this ~~((coverage))~~ benefit in group
38 contracts?

1 ~~((2))~~ (b) The financial impact: ~~((a))~~ (i) To what extent will
2 the ~~((coverage))~~ benefit increase or decrease the cost of treatment or
3 service? ~~((b))~~ (ii) To what extent will the coverage increase the
4 appropriate use of the ~~((treatment or service))~~ benefit? ~~((c))~~ (iii)
5 To what extent will the ~~((mandated treatment or service))~~ benefit be a
6 substitute for a more expensive ~~((treatment or service))~~ benefit?
7 ~~((d))~~ (iv) To what extent will the ~~((coverage))~~ benefit increase or
8 decrease the administrative expenses of ~~((insurance companies))~~ health
9 carriers and the premium and administrative expenses of policyholders?
10 ~~((e))~~ (v) What will be the impact of this ~~((coverage))~~ benefit on the
11 total cost of health care services?

12 (c) Evidence of health care service efficacy:

13 (i) If a mandatory benefit of a specific service is sought, to what
14 extent has there been conducted professionally accepted controlled
15 trials demonstrating the health consequences of that service compared
16 to no service or an alternative service?

17 (ii) If a mandated benefit of a category of health care provider is
18 sought, to what extent has there been conducted professionally accepted
19 controlled trials demonstrating the health consequences achieved by the
20 mandated benefit of this category of health care provider?

21 (2) The department may modify these criteria, by rule, to reflect
22 new relevant information.

23 (3) The department may charge the person or organization proposing
24 the mandated benefit a fee to defray the cost of the examination
25 required in RCW 48.42.070 (as recodified by this act).

26 NEW SECTION. Sec. 5. (1) Based on criteria set forth in RCW
27 48.42.080 (as recodified by this act), the department shall examine
28 existing mandated benefits for the purpose of determining the
29 appropriateness of their continuation and report to the appropriate
30 committees of the legislature as follows:

31 (a) By December 1, 1996:

32 (i) Mammogram insurance coverage as required by RCW 41.05.180,
33 48.20.393, 48.21.225, 48.44.325, and 48.46.275;

34 (ii) Reconstructive breast surgery as required by RCW 48.20.395,
35 48.21.230, 48.44.330, and 48.46.280; and

36 (iii) Mastectomy and lumpectomy insurance coverage as required by
37 RCW 48.20.397, 48.21.235, 48.44.335, and 48.46.285;

38 (b) By December 1, 1997:

1 (i) Registered nurse or advanced registered nurse insurance
2 coverage as required by RCW 48.20.411, 48.21.141, and 48.44.290;

3 (ii) Dentistry insurance coverage as required by RCW 48.20.416,
4 48.21.146, and 49.64.040; and

5 (iii) Temporomandibular joint disorders insurance coverage as
6 required by RCW 48.21.320, 48.44.460, and 48.46.530;

7 (c) By December 1, 1998:

8 (i) Mental health insurance as required by RCW 48.21.240,
9 48.44.340, and 48.46.290;

10 (ii) Psychological services as required by RCW 48.20.414 and
11 48.21.144; and

12 (iii) Chemical dependency insurance as required by RCW 48.21.160,
13 48.21.180, 48.21.190, 48.21.195, 48.21.197, 48.44.240, 48.44.245, and
14 48.46.355;

15 (d) By December 1, 1999:

16 (i) Neurodevelopmental therapy insurance coverage as required by
17 RCW 41.05.170, 48.21.310, 48.44.450, and 48.46.520;

18 (ii) Phenylketonuria insurance coverage as required by RCW
19 48.20.520, 48.21.300, 48.44.440, and 48.46.510; and

20 (iii) Home health hospice insurance coverage as required by RCW
21 48.21.220 and 48.44.320; and

22 (e) By December 1, 2000:

23 (i) Chiropractic insurance coverage as required by RCW 48.20.390,
24 48.20.412, 48.21.130, 48.44.310, and 48.21.142;

25 (ii) Optometric insurance coverage as required by RCW 48.20.410 and
26 48.21.140;

27 (iii) Podiatric insurance coverage as required by RCW 48.44.225 and
28 48.44.300; and

29 (iv) Women's health care provider self referral as required by RCW
30 48.42.100.

31 NEW SECTION. **Sec. 6.** Sections 2 and 5 of this act shall
32 constitute a new chapter in Title 48 RCW.

33 NEW SECTION. **Sec. 7.** RCW 48.42.060, 48.42.070, and 48.42.080 are
34 each recodified in the new chapter created in section 6 of this act.

35 NEW SECTION. **Sec. 8.** If any provision of this act or its
36 application to any person or circumstance is held invalid, the

1 remainder of the act or the application of the provision to other
2 persons or circumstances is not affected.

3 NEW SECTION. **Sec. 9.** This act is necessary for the immediate
4 preservation of the public peace, health, or safety, or support of the
5 state government and its existing public institutions, and shall take
6 effect immediately.

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