
SENATE BILL 5756

State of Washington

62nd Legislature

2011 Regular Session

By Senators Hobbs, Keiser, and Kline

Read first time 02/10/11. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to expanding insurance coverage of
2 neurodevelopmental therapies; amending RCW 48.21.310, 48.44.450,
3 48.46.520, and 41.05.170; and providing an effective date.

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

5 **Sec. 1.** RCW 48.21.310 and 1989 c 345 s 2 are each amended to read
6 as follows:

7 (1) Each employer-sponsored group policy for comprehensive health
8 insurance which is entered into, or renewed, on or after (~~twelve~~
9 ~~months after July 23, 1989~~) January 1, 2012, shall include coverage
10 for neurodevelopmental therapies for covered individuals age (~~six~~)
11 eighteen and under.

12 (2) Benefits provided under this section shall cover the services
13 of those authorized to deliver occupational therapy, speech therapy,
14 and physical therapy. Benefits shall be payable only where the
15 services have been delivered pursuant to the referral and periodic
16 review of a holder of a license issued pursuant to chapter 18.71 or
17 18.57 RCW or where covered services have been rendered by such
18 licensee. Nothing in this section shall prohibit an insurer from
19 negotiating rates with qualified providers.

1 (3) Benefits provided under this section shall be for medically
2 necessary services as determined by the insurer. Benefits shall be
3 payable for services for the maintenance of an insured in cases where
4 significant deterioration in the patient's condition would result
5 without the service. Benefits shall be payable to restore and improve
6 function.

7 (4) It is the intent of this section that employers purchasing
8 comprehensive health insurance, including the benefits required by this
9 section, together with the insurer, retain authority to design and
10 employ utilization and cost controls. Therefore, benefits delivered
11 under this section may be subject to contractual provisions regarding
12 deductible amounts and/or copayments established by the employer
13 purchasing insurance and the insurer. Benefits provided under this
14 section may be subject to standard waiting periods for preexisting
15 conditions, and may be subject to the submission of written treatment
16 plans.

17 (5) In recognition of the intent expressed in subsection (4) of
18 this section, benefits provided under this section may be subject to
19 contractual provisions establishing annual and/or lifetime benefit
20 limits. Such limits may define the total dollar benefits available or
21 may limit the number of services delivered as agreed by the employer
22 purchasing insurance and the insurer.

23 **Sec. 2.** RCW 48.44.450 and 1989 c 345 s 1 are each amended to read
24 as follows:

25 (1) Each employer-sponsored group contract for comprehensive health
26 care service which is entered into, or renewed, on or after (~~twelve~~
27 ~~months after July 23, 1989~~) January 1, 2012, shall include coverage
28 for neurodevelopmental therapies for covered individuals age (~~six~~)
29 eighteen and under.

30 (2) Benefits provided under this section shall cover the services
31 of those authorized to deliver occupational therapy, speech therapy,
32 and physical therapy. Benefits shall be payable only where the
33 services have been delivered pursuant to the referral and periodic
34 review of a holder of a license issued pursuant to chapter 18.71 or
35 18.57 RCW or where covered services have been rendered by such
36 licensee. Nothing in this section shall prohibit a health care service
37 contractor from requiring that covered services be delivered by a

1 provider who participates by contract with the health care service
2 contractor unless no participating provider is available to deliver
3 covered services. Nothing in this section shall prohibit a health care
4 service contractor from negotiating rates with qualified providers.

5 (3) Benefits provided under this section shall be for medically
6 necessary services as determined by the health care service contractor.
7 Benefits shall be payable for services for the maintenance of a covered
8 individual in cases where significant deterioration in the patient's
9 condition would result without the service. Benefits shall be payable
10 to restore and improve function.

11 (4) It is the intent of this section that employers purchasing
12 comprehensive group coverage including the benefits required by this
13 section, together with the health care service contractor, retain
14 authority to design and employ utilization and cost controls.
15 Therefore, benefits delivered under this section may be subject to
16 contractual provisions regarding deductible amounts and/or copayments
17 established by the employer purchasing coverage and the health care
18 service contractor. Benefits provided under this section may be
19 subject to standard waiting periods for preexisting conditions, and may
20 be subject to the submission of written treatment plans.

21 (5) In recognition of the intent expressed in subsection (4) of
22 this section, benefits provided under this section may be subject to
23 contractual provisions establishing annual and/or lifetime benefit
24 limits. Such limits may define the total dollar benefits available or
25 may limit the number of services delivered as agreed by the employer
26 purchasing coverage and the health care service contractor.

27 **Sec. 3.** RCW 48.46.520 and 1989 c 345 s 3 are each amended to read
28 as follows:

29 (1) Each employer-sponsored group contract for comprehensive health
30 care service which is entered into, or renewed, on or after (~~twelve~~
31 ~~months after July 23, 1989~~) January 1, 2012, shall include coverage
32 for neurodevelopmental therapies for covered individuals age (~~six~~)
33 eighteen and under.

34 (2) Benefits provided under this section shall cover the services
35 of those authorized to deliver occupational therapy, speech therapy,
36 and physical therapy. Covered benefits and treatment must be rendered
37 or referred by the health maintenance organization, and delivered

1 pursuant to the referral and periodic review of a holder of a license
2 issued pursuant to chapter 18.71 or 18.57 RCW or where treatment is
3 rendered by such licensee. Nothing in this section shall prohibit a
4 health maintenance organization from negotiating rates with qualified
5 providers.

6 (3) Benefits provided under this section shall be for medically
7 necessary services as determined by the health maintenance
8 organization. Benefits shall be provided for the maintenance of a
9 covered enrollee in cases where significant deterioration in the
10 patient's condition would result without the service. Benefits shall
11 be provided to restore and improve function.

12 (4) It is the intent of this section that employers purchasing
13 comprehensive group coverage including the benefits required by this
14 section, together with the health maintenance organization, retain
15 authority to design and employ utilization and cost controls.
16 Therefore, benefits provided under this section may be subject to
17 contractual provisions regarding deductible amounts and/or copayments
18 established by the employer purchasing coverage and the health
19 maintenance organization. Benefits provided under this section may be
20 subject to standard waiting periods for preexisting conditions, and may
21 be subject to the submission of written treatment plans.

22 (5) In recognition of the intent expressed in subsection (4) of
23 this section, benefits provided under this section may be subject to
24 contractual provisions establishing annual and/or lifetime benefit
25 limits. Such limits may define the total dollar benefits available, or
26 may limit the number of services delivered as agreed by the employer
27 purchasing coverage and the health maintenance organization.

28 **Sec. 4.** RCW 41.05.170 and 1989 c 345 s 4 are each amended to read
29 as follows:

30 (1) Each health plan offered to public employees and their covered
31 dependents under this chapter which is not subject to the provisions of
32 Title 48 RCW and is established or renewed on or after (~~twelve months~~
33 ~~after July 23, 1989~~) January 1, 2012, shall include coverage for
34 neurodevelopmental therapies for covered individuals age (~~six~~)
35 eighteen and under.

36 (2) Benefits provided under this section shall cover the services
37 of those authorized to deliver occupational therapy, speech therapy,

1 and physical therapy. Benefits shall be payable only where the
2 services have been delivered pursuant to the referral and periodic
3 review of a holder of a license issued pursuant to chapter 18.71 or
4 18.57 RCW or where covered services have been rendered by such
5 licensee. Nothing in this section shall preclude a self-funded plan
6 authorized under this chapter from negotiating rates with qualified
7 providers.

8 (3) Benefits provided under this section shall be for medically
9 necessary services as determined by the self-funded plan authorized
10 under this chapter. Benefits shall be payable for services for the
11 maintenance of a covered individual in cases where significant
12 deterioration in the patient's condition would result without the
13 service. Benefits shall be payable to restore and improve function.

14 (4) It is the intent of this section that the state, as an employer
15 providing comprehensive health coverage including the benefits required
16 by this section, retains the authority to design and employ utilization
17 and cost controls. Therefore, benefits delivered under this section
18 may be subject to contractual provisions regarding deductible amounts
19 and/or copayments established by the self-funded plan authorized under
20 this chapter. Benefits provided under this section may be subject to
21 standard waiting periods for preexisting conditions, and may be subject
22 to the submission of written treatment plans.

23 (5) In recognition of the intent expressed in subsection (4) of
24 this section, benefits provided under this section may be subject to
25 contractual provisions establishing annual and/or lifetime benefit
26 limits. Such limits may define the total dollar benefits available, or
27 may limit the number of services delivered as established by the self-
28 funded plan authorized under this chapter.

29 NEW SECTION. **Sec. 5.** This act takes effect January 1, 2012.

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