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SENATE BILL 6266

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State of Washington

64th Legislature

2016 Regular Session

By Senators Warnick, Keiser, Conway, Angel, Pearson, Frockt, Dammeier, Rolfes, and Benton

Read first time 01/13/16. Referred to Committee on Health Care.

1 AN ACT Relating to mitigating barriers to patient access to care  
2 resulting from health insurance contracting practices; amending RCW  
3 41.05.074 and 48.43.016; and providing an effective date.

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

5 **Sec. 1.** RCW 41.05.074 and 2015 c 251 s 1 are each amended to  
6 read as follows:

7 (1) A health plan offered to public employees and their covered  
8 dependents under this chapter that imposes different prior  
9 authorization standards and criteria for a covered service among  
10 tiers of contracting providers of the same licensed profession in the  
11 same health plan shall inform an enrollee which tier an individual  
12 provider or group of providers is in by posting the information on  
13 its web site in a manner accessible to both enrollees and providers.

14 (2) The health plan may not require prior authorization for an  
15 evaluation and management visit or an initial treatment visit with a  
16 contracting provider in a new episode of chiropractic, physical  
17 therapy, occupational therapy, East Asian medicine, massage therapy,  
18 or speech and hearing therapies. Notwithstanding RCW 48.43.515(5)  
19 this section may not be interpreted to limit the ability of a health  
20 plan to require a referral or prescription for the therapies listed  
21 in this section.

1 (3) The health care authority shall post on its web site and  
2 provide upon the request of a covered person or contracting provider  
3 any prior authorization standards, criteria, or information the  
4 health plan uses for medical necessity decisions.

5 (4) A health care provider with whom the administrator of the  
6 health plan consults regarding a decision to deny, limit, or  
7 terminate a person's covered health care services must hold a  
8 license, certification, or registration, in good standing and must be  
9 in the same or related health field as the health care provider being  
10 reviewed or of a specialty whose practice entails the same or similar  
11 covered health care service.

12 (5) The health plan may not require a provider to provide a  
13 discount from usual and customary rates for health care services not  
14 covered under the health plan, policy, or other agreement, to which  
15 the provider is a party.

16 (6) A health plan offered to employees and their covered  
17 dependents under this chapter may not require a covered person's cost  
18 sharing, including copayments, for habilitative, rehabilitative, East  
19 Asian medicine, or chiropractic care to exceed the cost-sharing  
20 amount the plan requires for primary care.

21 (7) For purposes of this section:

22 (a) "New episode of care" means treatment for a new or recurrent  
23 condition for which the enrollee has not been treated by the provider  
24 within the previous ninety days and is not currently undergoing any  
25 active treatment.

26 (b) "Contracting provider" does not include providers employed  
27 within an integrated delivery system operated by a carrier licensed  
28 under chapter 48.44 or 48.46 RCW.

29 **Sec. 2.** RCW 48.43.016 and 2015 c 251 s 2 are each amended to  
30 read as follows:

31 (1) A health carrier that imposes different prior authorization  
32 standards and criteria for a covered service among tiers of  
33 contracting providers of the same licensed profession in the same  
34 health plan shall inform an enrollee which tier an individual  
35 provider or group of providers is in by posting the information on  
36 its web site in a manner accessible to both enrollees and providers.

37 (2) A health carrier may not require prior authorization for an  
38 evaluation and management visit or an initial treatment visit with a  
39 contracting provider in a new episode of chiropractic, physical

1 therapy, occupational therapy, East Asian medicine, massage therapy,  
2 or speech and hearing therapies. Notwithstanding RCW 48.43.515(5)  
3 this section may not be interpreted to limit the ability of a health  
4 plan to require a referral or prescription for the therapies listed  
5 in this section.

6 (3) A health carrier shall post on its web site and provide upon  
7 the request of a covered person or contracting provider any prior  
8 authorization standards, criteria, or information the carrier uses  
9 for medical necessity decisions.

10 (4) A health care provider with whom a health carrier consults  
11 regarding a decision to deny, limit, or terminate a person's covered  
12 health care services must hold a license, certification, or  
13 registration, in good standing and must be in the same or related  
14 health field as the health care provider being reviewed or of a  
15 specialty whose practice entails the same or similar covered health  
16 care service.

17 (5) A health carrier may not require a provider to provide a  
18 discount from usual and customary rates for health care services not  
19 covered under a health plan, policy, or other agreement, to which the  
20 provider is a party.

21 (6) A health carrier may not require a covered person's cost  
22 sharing, including copayments, for habilitative, rehabilitative, East  
23 Asian medicine, or chiropractic care to exceed the cost-sharing  
24 amount the carrier requires for primary care.

25 (7) For purposes of this section:

26 (a) "New episode of care" means treatment for a new or recurrent  
27 condition for which the enrollee has not been treated by the provider  
28 within the previous ninety days and is not currently undergoing any  
29 active treatment.

30 (b) "Contracting provider" does not include providers employed  
31 within an integrated delivery system operated by a carrier licensed  
32 under chapter 48.44 or 48.46 RCW.

33 NEW SECTION. **Sec. 3.** This act takes effect January 1, 2017.

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