

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE HOUSE BILL 2338**

66th Legislature  
2020 Regular Session

Passed by the House February 17, 2020  
Yeas 93 Nays 5

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**Speaker of the House of  
Representatives**

Passed by the Senate March 6, 2020  
Yeas 30 Nays 18

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**President of the Senate**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 2338** as passed by the House of Representatives and the Senate on the dates hereon set forth.

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**Chief Clerk**

FILED

**Secretary of State  
State of Washington**

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**SUBSTITUTE HOUSE BILL 2338**

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Passed Legislature - 2020 Regular Session

**State of Washington                      66th Legislature                      2020 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Macri, Thai, Wylie, Doglio, Cody, and Pollet)

READ FIRST TIME 02/04/20.

1            AN ACT Relating to prohibiting discrimination in health care  
2 coverage; and amending RCW 41.05.600, 48.20.580, 48.21.241,  
3 48.41.220, 48.44.341, 48.46.291, 70.47.200, 48.30.300, and  
4 48.43.0128.

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

6            **Sec. 1.** RCW 41.05.600 and 2005 c 6 s 2 are each amended to read  
7 as follows:

8            (1) For the purposes of this section, "mental health services"  
9 means:

10            (a) For health benefit plans issued or renewed before January 1,  
11 2021, medically necessary outpatient and inpatient services provided  
12 to treat mental disorders covered by the diagnostic categories listed  
13 in the most current version of the diagnostic and statistical manual  
14 of mental disorders, published by the American psychiatric  
15 association, on ~~((July 24, 2005))~~ the effective date of this section,  
16 or such subsequent date as may be provided by the ~~((administrator))~~  
17 director by rule, consistent with the purposes of chapter 6, Laws of  
18 2005, with the exception of the following categories, codes, and  
19 services: ~~((+a))~~ (i) Substance related disorders; ~~((+b))~~ (ii) life  
20 transition problems, currently referred to as "V" codes, and  
21 diagnostic codes 302 through 302.9 as found in the diagnostic and

1 statistical manual of mental disorders, 4th edition, published by the  
2 American psychiatric association; ~~((e))~~ (iii) skilled nursing  
3 facility services, home health care, residential treatment, and  
4 custodial care; and ~~((d))~~ (iv) court ordered treatment unless the  
5 authority's or contracted insuring entity's medical director  
6 determines the treatment to be medically necessary; and

7 (b) For health benefit plans issued or renewed on or after  
8 January 1, 2021, medically necessary outpatient and inpatient  
9 services provided to treat mental health and substance use disorders  
10 covered by the diagnostic categories listed in the most current  
11 version of the diagnostic and statistical manual of mental disorders,  
12 published by the American psychiatric association, on the effective  
13 date of this section, or such subsequent date as may be provided by  
14 the director by rule, consistent with the purposes of chapter 6, Laws  
15 of 2005.

16 (2) All health benefit plans offered to public employees and  
17 their covered dependents under this chapter that provide coverage for  
18 medical and surgical services shall provide(~~÷~~

19 ~~(a) For all health benefit plans established or renewed on or~~  
20 ~~after January 1, 2006, coverage for:~~

21 ~~(i) Mental health services. The copayment or coinsurance for~~  
22 ~~mental health services may be no more than the copayment or~~  
23 ~~coinsurance for medical and surgical services otherwise provided~~  
24 ~~under the health benefit plan. Wellness and preventive services that~~  
25 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~  
26 ~~other cost sharing than other medical and surgical services are~~  
27 ~~excluded from this comparison; and~~

28 ~~(ii) Prescription drugs intended to treat any of the disorders~~  
29 ~~covered in subsection (1) of this section to the same extent, and~~  
30 ~~under the same terms and conditions, as other prescription drugs~~  
31 ~~covered by the health benefit plan.~~

32 ~~(b) For all health benefit plans established or renewed on or~~  
33 ~~after January 1, 2008, coverage for:~~

34 ~~(i) Mental health services. The copayment or coinsurance for~~  
35 ~~mental health services may be no more than the copayment or~~  
36 ~~coinsurance for medical and surgical services otherwise provided~~  
37 ~~under the health benefit plan. Wellness and preventive services that~~  
38 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~  
39 ~~other cost sharing than other medical and surgical services are~~  
40 ~~excluded from this comparison. If the health benefit plan imposes a~~

1 ~~maximum out-of-pocket limit or stop loss, it shall be a single limit~~  
2 ~~or stop loss for medical, surgical, and mental health services; and~~

3 ~~(ii) Prescription drugs intended to treat any of the disorders~~  
4 ~~covered in subsection (1) of this section to the same extent, and~~  
5 ~~under the same terms and conditions, as other prescription drugs~~  
6 ~~covered by the health benefit plan.~~

7 ~~(c) For all health benefit plans established or renewed on or~~  
8 ~~after July 1, 2010,)) coverage for:~~

9 ~~((i))~~ (a) Mental health services. The copayment or coinsurance  
10 for mental health services may be no more than the copayment or  
11 coinsurance for medical and surgical services otherwise provided  
12 under the health benefit plan. Wellness and preventive services that  
13 are provided or reimbursed at a lesser copayment, coinsurance, or  
14 other cost sharing than other medical and surgical services are  
15 excluded from this comparison. If the health benefit plan imposes a  
16 maximum out-of-pocket limit or stop loss, it shall be a single limit  
17 or stop loss for medical, surgical, and mental health services. If  
18 the health benefit plan imposes any deductible, mental health  
19 services shall be included with medical and surgical services for the  
20 purpose of meeting the deductible requirement. Treatment limitations  
21 or any other financial requirements on coverage for mental health  
22 services are only allowed if the same limitations or requirements are  
23 imposed on coverage for medical and surgical services; and

24 ~~((ii))~~ (b) Prescription drugs intended to treat any of the  
25 disorders covered in subsection (1) of this section to the same  
26 extent, and under the same terms and conditions, as other  
27 prescription drugs covered by the health benefit plan.

28 ~~(3) ((In meeting the requirements of subsection (2) (a) and (b) of~~  
29 ~~this section, health benefit plans may not reduce the number of~~  
30 ~~mental health outpatient visits or mental health inpatient days below~~  
31 ~~the level in effect on July 1, 2002.~~

32 ~~(4))~~ This section does not prohibit a requirement that mental  
33 health services be medically necessary ~~((as determined by the medical~~  
34 ~~director or designee)), if a comparable requirement is applicable to~~  
35 ~~medical and surgical services.~~

36 ~~((5))~~ (4) Nothing in this section shall be construed to prevent  
37 the management of mental health ~~((services))~~.

38 ~~((6))~~ (5) The ~~((administrator))~~ director will consider care  
39 management techniques for mental health services if a comparable  
40 benefit management requirement is applicable to medical and surgical

1 services, including but not limited to: (a) Authorized treatment  
2 plans; (b) preauthorization requirements based on the type of  
3 service; (c) concurrent and retrospective utilization review; (d)  
4 utilization management practices; (e) discharge coordination and  
5 planning; and (f) contracting with and using a network of  
6 participating providers.

7 **Sec. 2.** RCW 48.20.580 and 2007 c 8 s 1 are each amended to read  
8 as follows:

9 (1) For the purposes of this section, "mental health services"  
10 means:

11 (a) For health benefit plans issued or renewed before January 1,  
12 2021, medically necessary outpatient and inpatient services provided  
13 to treat mental disorders covered by the diagnostic categories listed  
14 in the most current version of the diagnostic and statistical manual  
15 of mental disorders, published by the American psychiatric  
16 association, on ((July 24, 2005)) the effective date of this section,  
17 or such subsequent date as may be provided by the insurance  
18 commissioner by rule, consistent with the purposes of chapter 6, Laws  
19 of 2005, with the exception of the following categories, codes, and  
20 services: ((a)) (i) Substance related disorders; ((b)) (ii) life  
21 transition problems, currently referred to as "V" codes, and  
22 diagnostic codes 302 through 302.9 as found in the diagnostic and  
23 statistical manual of mental disorders, 4th edition, published by the  
24 American psychiatric association; ((c)) (iii) skilled nursing  
25 facility services, home health care, residential treatment, and  
26 custodial care; and ((d)) (iv) court-ordered treatment unless the  
27 insurer's medical director or designee determines the treatment to be  
28 medically necessary; and

29 (b) For a health benefit plan or a plan deemed by the  
30 commissioner to have a short-term limited purpose or duration, or to  
31 be a student-only health plan that is guaranteed renewable while the  
32 covered person is enrolled as a regular, full-time undergraduate  
33 student at an accredited higher education institution, issued or  
34 renewed on or after January 1, 2021, medically necessary outpatient  
35 and inpatient services provided to treat mental health and substance  
36 use disorders covered by the diagnostic categories listed in the most  
37 current version of the diagnostic and statistical manual of mental  
38 disorders, published by the American psychiatric association, on the  
39 effective date of this section, or such subsequent date as may be

1 provided by the insurance commissioner by rule, consistent with the  
2 purposes of chapter 6, Laws of 2005.

3 (2) Each disability insurance contract (~~delivered, issued for~~  
4 ~~delivery, or renewed on or after January 1, 2008,~~) providing  
5 coverage for medical and surgical services shall provide coverage  
6 for:

7 (a) (~~Mental health services. The copayment or coinsurance for~~  
8 ~~mental health services may be no more than the copayment or~~  
9 ~~coinsurance for medical and surgical services otherwise provided~~  
10 ~~under the disability insurance contract. Wellness and preventive~~  
11 ~~services that are provided or reimbursed at a lesser copayment,~~  
12 ~~coinsurance, or other cost sharing than other medical and surgical~~  
13 ~~services are excluded from this comparison. If the disability~~  
14 ~~insurance contract imposes a maximum out-of-pocket limit or stop~~  
15 ~~loss, it shall be a single limit or stop loss for medical, surgical,~~  
16 ~~and mental health services; and~~

17 ~~(b) Prescription drugs intended to treat any of the disorders~~  
18 ~~covered in subsection (1) of this section to the same extent, and~~  
19 ~~under the same terms and conditions, as other prescription drugs~~  
20 ~~covered by the disability insurance contract.~~

21 ~~(3) Each disability insurance contract delivered, issued for~~  
22 ~~delivery, or renewed on or after July 1, 2010, providing coverage for~~  
23 ~~medical and surgical services shall provide coverage for:~~

24 ~~(a))~~ Mental health services. The copayment or coinsurance for  
25 mental health services may be no more than the copayment or  
26 coinsurance for medical and surgical services otherwise provided  
27 under the disability insurance contract. Wellness and preventive  
28 services that are provided or reimbursed at a lesser copayment,  
29 coinsurance, or other cost sharing than other medical and surgical  
30 services are excluded from this comparison. If the disability  
31 insurance contract imposes a maximum out-of-pocket limit or stop  
32 loss, it shall be a single limit or stop loss for medical, surgical,  
33 and mental health services. If the disability insurance contract  
34 imposes any deductible, mental health services shall be included with  
35 medical and surgical services for the purpose of meeting the  
36 deductible requirement. Treatment limitations or any other financial  
37 requirements on coverage for mental health services are only allowed  
38 if the same limitations or requirements are imposed on coverage for  
39 medical and surgical services; and

1 (b) Prescription drugs intended to treat any of the disorders  
2 covered in subsection (1) of this section to the same extent, and  
3 under the same terms and conditions, as other prescription drugs  
4 covered by the disability insurance contract.

5 ~~((4)) In meeting the requirements of this section, disability~~  
6 ~~insurance contracts may not reduce the number of mental health~~  
7 ~~outpatient visits or mental health inpatient days below the level in~~  
8 ~~effect on July 1, 2002.~~

9 ~~(5))~~ (3) This section does not prohibit a requirement that  
10 mental health services be medically necessary ~~((as determined by the~~  
11 ~~medical director or designee)),~~ if a comparable requirement is  
12 applicable to medical and surgical services.

13 ~~((6))~~ (4) Nothing in this section shall be construed to prevent  
14 the management of mental health services if a comparable benefit  
15 management requirement is applicable to medical and surgical  
16 services.

17 **Sec. 3.** RCW 48.21.241 and 2007 c 8 s 2 are each amended to read  
18 as follows:

19 (1) For the purposes of this section, "mental health services"  
20 means:

21 (a) For health benefit plans that provide coverage for medical  
22 and surgical services issued or renewed before January 1, 2021,  
23 medically necessary outpatient and inpatient services provided to  
24 treat mental disorders covered by the diagnostic categories listed in  
25 the most current version of the diagnostic and statistical manual of  
26 mental disorders, published by the American psychiatric association,  
27 on ~~((July 24, 2005))~~ the effective date of this section, or such  
28 subsequent date as may be provided by the insurance commissioner by  
29 rule, consistent with the purposes of chapter 6, Laws of 2005, with  
30 the exception of the following categories, codes, and services:

31 ~~((a))~~ (i) Substance related disorders; ~~((b))~~ (ii) life transition  
32 problems, currently referred to as "V" codes, and diagnostic codes  
33 302 through 302.9 as found in the diagnostic and statistical manual  
34 of mental disorders, 4th edition, published by the American  
35 psychiatric association; ~~((c))~~ (iii) skilled nursing facility  
36 services, home health care, residential treatment, and custodial  
37 care; and ~~((d))~~ (iv) court ordered treatment unless the insurer's  
38 medical director or designee determines the treatment to be medically  
39 necessary; and

1 (b) For health benefit plans that provide coverage for medical  
2 and surgical services issued or renewed on or after January 1, 2021,  
3 medically necessary outpatient and inpatient services provided to  
4 treat mental health and substance use disorders covered by the  
5 diagnostic categories listed in the most current version of the  
6 diagnostic and statistical manual of mental disorders, published by  
7 the American psychiatric association, on the effective date of this  
8 section, or such subsequent date as may be provided by the insurance  
9 commissioner by rule, consistent with the purposes of chapter 6, Laws  
10 of 2005.

11 (2) All group disability insurance contracts and blanket  
12 disability insurance contracts providing health benefit plans that  
13 provide coverage for medical and surgical services shall provide((÷

14 ~~(a) For all group health benefit plans for groups other than~~  
15 ~~small groups, as defined in RCW 48.43.005 delivered, issued for~~  
16 ~~delivery, or renewed on or after January 1, 2006, coverage for:~~

17 ~~(i) Mental health services. The copayment or coinsurance for~~  
18 ~~mental health services may be no more than the copayment or~~  
19 ~~coinsurance for medical and surgical services otherwise provided~~  
20 ~~under the health benefit plan. Wellness and preventive services that~~  
21 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~  
22 ~~other cost sharing than other medical and surgical services are~~  
23 ~~excluded from this comparison; and~~

24 ~~(ii) Prescription drugs intended to treat any of the disorders~~  
25 ~~covered in subsection (1) of this section to the same extent, and~~  
26 ~~under the same terms and conditions, as other prescription drugs~~  
27 ~~covered by the health benefit plan.~~

28 ~~(b) For all group health benefit plans delivered, issued for~~  
29 ~~delivery, or renewed on or after January 1, 2008, coverage for:~~

30 ~~(i) Mental health services. The copayment or coinsurance for~~  
31 ~~mental health services may be no more than the copayment or~~  
32 ~~coinsurance for medical and surgical services otherwise provided~~  
33 ~~under the health benefit plan. Wellness and preventive services that~~  
34 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~  
35 ~~other cost sharing than other medical and surgical services are~~  
36 ~~excluded from this comparison. If the health benefit plan imposes a~~  
37 ~~maximum out-of-pocket limit or stop loss, it shall be a single limit~~  
38 ~~or stop loss for medical, surgical, and mental health services; and~~

39 ~~(ii) Prescription drugs intended to treat any of the disorders~~  
40 ~~covered in subsection (1) of this section to the same extent, and~~



1 ~~under the same terms and conditions, as other prescription drugs~~  
2 ~~covered by the health benefit plan.~~

3 ~~(c) For all group health benefit plans delivered, issued for~~  
4 ~~delivery, or renewed on or after July 1, 2010,~~) coverage for:

5 ~~((i))~~ (a) Mental health services. The copayment or coinsurance  
6 for mental health services may be no more than the copayment or  
7 coinsurance for medical and surgical services otherwise provided  
8 under the health benefit plan. Wellness and preventive services that  
9 are provided or reimbursed at a lesser copayment, coinsurance, or  
10 other cost sharing than other medical and surgical services are  
11 excluded from this comparison. If the health benefit plan imposes a  
12 maximum out-of-pocket limit or stop loss, it shall be a single limit  
13 or stop loss for medical, surgical, and mental health services. If  
14 the health benefit plan imposes any deductible, mental health  
15 services shall be included with medical and surgical services for the  
16 purpose of meeting the deductible requirement. Treatment limitations  
17 or any other financial requirements on coverage for mental health  
18 services are only allowed if the same limitations or requirements are  
19 imposed on coverage for medical and surgical services; and

20 ~~((ii))~~ (b) Prescription drugs intended to treat any of the  
21 disorders covered in subsection (1) of this section to the same  
22 extent, and under the same terms and conditions, as other  
23 prescription drugs covered by the health benefit plan.

24 ~~(3) ((In meeting the requirements of subsection (2) (a) and (b) of~~  
25 ~~this section, health benefit plans may not reduce the number of~~  
26 ~~mental health outpatient visits or mental health inpatient days below~~  
27 ~~the level in effect on July 1, 2002.~~

28 ~~(4))~~ This section does not prohibit a requirement that mental  
29 health services be medically necessary ~~((as determined by the medical~~  
30 ~~director or designee)),~~ if a comparable requirement is applicable to  
31 medical and surgical services.

32 ~~((5))~~ (4) Nothing in this section shall be construed to prevent  
33 the management of mental health services if a comparable requirement  
34 is applicable to medical and surgical services.

35 **Sec. 4.** RCW 48.41.220 and 2007 c 8 s 6 are each amended to read  
36 as follows:

37 (1) For the purposes of this section, "mental health services"  
38 means:

1 (a) For each health insurance policy issued or renewed by the  
2 pool before January 1, 2021, medically necessary outpatient and  
3 inpatient services provided to treat mental disorders covered by the  
4 diagnostic categories listed in the most current version of the  
5 diagnostic and statistical manual of mental disorders, published by  
6 the American psychiatric association, on ((July 24, 2005)) the  
7 effective date of this section, or such subsequent date as may be  
8 provided by the insurance commissioner by rule, consistent with the  
9 purposes of chapter 6, Laws of 2005, with the exception of the  
10 following categories, codes, and services: ((a)) (i) Substance  
11 related disorders; ((b)) (ii) life transition problems, currently  
12 referred to as "V" codes, and diagnostic codes 302 through 302.9 as  
13 found in the diagnostic and statistical manual of mental disorders,  
14 4th edition, published by the American psychiatric association;  
15 ((c)) (iii) skilled nursing facility services, home health care,  
16 residential treatment, and custodial care; and ((d)) (iv)  
17 court-ordered treatment unless the insurer's medical director or  
18 designee determines the treatment to be medically necessary; and

19 (b) For each health insurance policy issued or renewed by the  
20 pool on or after January 1, 2021, medically necessary outpatient and  
21 inpatient services provided to treat mental disorders covered by the  
22 diagnostic categories listed in the most current version of the  
23 diagnostic and statistical manual of mental health and substance use  
24 disorders, published by the American psychiatric association, on the  
25 effective date of this section, or such subsequent date as may be  
26 provided by the insurance commissioner by rule, consistent with the  
27 purposes of chapter 6, Laws of 2005.

28 (2) Each health insurance policy issued by the pool ~~((on or after~~  
29 ~~January 1, 2008,))~~ shall provide coverage for:

30 ~~(a) ((Mental health services. The copayment or coinsurance for~~  
31 ~~mental health services may be no more than the copayment or~~  
32 ~~coinsurance for medical and surgical services otherwise provided~~  
33 ~~under the policy. Wellness and preventive services that are provided~~  
34 ~~or reimbursed at a lesser copayment, coinsurance, or other cost~~  
35 ~~sharing than other medical and surgical services are excluded from~~  
36 ~~this comparison. If the policy imposes a maximum out-of-pocket limit~~  
37 ~~or stop loss, it shall be a single limit or stop loss for medical,~~  
38 ~~surgical, and mental health services; and~~

39 ~~(b) Prescription drugs intended to treat any of the disorders~~  
40 ~~covered in subsection (1) of this section to the same extent, and~~

1 ~~under the same terms and conditions, as other prescription drugs~~  
2 ~~covered by the policy.~~

3 ~~(3) Each health insurance policy issued by the pool on or after~~  
4 ~~July 1, 2010, shall provide coverage for:~~

5 ~~(a))~~ Mental health services. The copayment or coinsurance for  
6 mental health services may be no more than the copayment or  
7 coinsurance for medical and surgical services otherwise provided  
8 under the policy. Wellness and preventive services that are provided  
9 or reimbursed at a lesser copayment, coinsurance, or other cost  
10 sharing than other medical and surgical services are excluded from  
11 this comparison. If the policy imposes a maximum out-of-pocket limit  
12 or stop loss, it shall be a single limit or stop loss for medical,  
13 surgical, and mental health services. If the policy imposes any  
14 deductible, mental health services shall be included with medical and  
15 surgical services for the purpose of meeting the deductible  
16 requirement. Treatment limitations or any other financial  
17 requirements on coverage for mental health services are only allowed  
18 if the same limitations or requirements are imposed on coverage for  
19 medical and surgical services; and

20 (b) Prescription drugs intended to treat any of the disorders  
21 covered in subsection (1) of this section to the same extent, and  
22 under the same terms and conditions, as other prescription drugs  
23 covered by the policy.

24 ~~((4) In meeting the requirements of this section, a policy may~~  
25 ~~not reduce the number of mental health outpatient visits or mental~~  
26 ~~health inpatient days below the level in effect on July 1, 2002.~~

27 ~~(5))~~ (3) This section does not prohibit a requirement that  
28 mental health services be medically necessary ~~((as determined by the~~  
29 ~~medical director or designee)),~~ if a comparable requirement is  
30 applicable to medical and surgical services.

31 ~~((6))~~ (4) Nothing in this section shall be construed to prevent  
32 the management of mental health services if a comparable requirement  
33 is applicable to medical and surgical services.

34 **Sec. 5.** RCW 48.44.341 and 2007 c 8 s 3 are each amended to read  
35 as follows:

36 (1) For the purposes of this section, "mental health services"  
37 means:

38 (a) For health benefit plans issued or renewed before January 1,  
39 2021, medically necessary outpatient and inpatient services provided

1 to treat mental disorders covered by the diagnostic categories listed  
2 in the most current version of the diagnostic and statistical manual  
3 of mental disorders, published by the American psychiatric  
4 association, on ~~((July 24, 2005))~~ the effective date of this section,  
5 or such subsequent date as may be provided by the insurance  
6 commissioner by rule, consistent with the purposes of chapter 6, Laws  
7 of 2005, with the exception of the following categories, codes, and  
8 services: ~~((a))~~ (i) Substance related disorders; ~~((b))~~ (ii) life  
9 transition problems, currently referred to as "V" codes, and  
10 diagnostic codes 302 through 302.9 as found in the diagnostic and  
11 statistical manual of mental disorders, 4th edition, published by the  
12 American psychiatric association; ~~((c))~~ (iii) skilled nursing  
13 facility services, home health care, residential treatment, and  
14 custodial care; and ~~((d))~~ (iv) court ordered treatment unless the  
15 health care service contractor's medical director or designee  
16 determines the treatment to be medically necessary; and

17 (b) For a health benefit plan or a plan deemed by the  
18 commissioner to have a short-term limited purpose or duration, issued  
19 or renewed on or after January 1, 2021, medically necessary  
20 outpatient and inpatient services provided to treat mental health and  
21 substance use disorders covered by the diagnostic categories listed  
22 in the most current version of the diagnostic and statistical manual  
23 of mental disorders, published by the American psychiatric  
24 association, on the effective date of this section, or such  
25 subsequent date as may be provided by the insurance commissioner by  
26 rule, consistent with the purposes of chapter 6, Laws of 2005.

27 (2) ~~((All))~~ A health service contract ~~((s))~~ or a plan deemed by  
28 the commissioner to have a short-term limited purpose or duration,  
29 providing health benefit plans that provide coverage for medical and  
30 surgical services shall provide ~~((÷~~

31 ~~(a) For all group health benefit plans for groups other than~~  
32 ~~small groups, as defined in RCW 48.43.005 delivered, issued for~~  
33 ~~delivery, or renewed on or after January 1, 2006, coverage for:~~

34 ~~(i) Mental health services. The copayment or coinsurance for~~  
35 ~~mental health services may be no more than the copayment or~~  
36 ~~coinsurance for medical and surgical services otherwise provided~~  
37 ~~under the health benefit plan. Wellness and preventive services that~~  
38 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~  
39 ~~other cost sharing than other medical and surgical services are~~  
40 ~~excluded from this comparison; and~~

1       ~~(ii) Prescription drugs intended to treat any of the disorders~~  
2 ~~covered in subsection (1) of this section to the same extent, and~~  
3 ~~under the same terms and conditions, as other prescription drugs~~  
4 ~~covered by the health benefit plan.~~

5       ~~(b) For all health benefit plans delivered, issued for delivery,~~  
6 ~~or renewed on or after January 1, 2008, coverage for:~~

7       ~~(i) Mental health services. The copayment or coinsurance for~~  
8 ~~mental health services may be no more than the copayment or~~  
9 ~~coinsurance for medical and surgical services otherwise provided~~  
10 ~~under the health benefit plan. Wellness and preventive services that~~  
11 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~  
12 ~~other cost sharing than other medical and surgical services are~~  
13 ~~excluded from this comparison. If the health benefit plan imposes a~~  
14 ~~maximum out-of-pocket limit or stop loss, it shall be a single limit~~  
15 ~~or stop loss for medical, surgical, and mental health services; and~~

16       ~~(ii) Prescription drugs intended to treat any of the disorders~~  
17 ~~covered in subsection (1) of this section to the same extent, and~~  
18 ~~under the same terms and conditions, as other prescription drugs~~  
19 ~~covered by the health benefit plan.~~

20       ~~(c) For all health benefit plans delivered, issued for delivery,~~  
21 ~~or renewed on or after July 1, 2010,)) coverage for:~~

22       ~~((i))~~ (a) Mental health services. The copayment or coinsurance  
23 for mental health services may be no more than the copayment or  
24 coinsurance for medical and surgical services otherwise provided  
25 under the health benefit plan. Wellness and preventive services that  
26 are provided or reimbursed at a lesser copayment, coinsurance, or  
27 other cost sharing than other medical and surgical services are  
28 excluded from this comparison. If the health benefit plan imposes a  
29 maximum out-of-pocket limit or stop loss, it shall be a single limit  
30 or stop loss for medical, surgical, and mental health services. If  
31 the health benefit plan imposes any deductible, mental health  
32 services shall be included with medical and surgical services for the  
33 purpose of meeting the deductible requirement. Treatment limitations  
34 or any other financial requirements on coverage for mental health  
35 services are only allowed if the same limitations or requirements are  
36 imposed on coverage for medical and surgical services; and

37       ~~((ii))~~ (b) Prescription drugs intended to treat any of the  
38 disorders covered in subsection (1) of this section to the same  
39 extent, and under the same terms and conditions, as other  
40 prescription drugs covered by the health benefit plan.

1           (3) (~~In meeting the requirements of subsection (2) (a) and (b) of~~  
2 ~~this section, health benefit plans may not reduce the number of~~  
3 ~~mental health outpatient visits or mental health inpatient days below~~  
4 ~~the level in effect on July 1, 2002.~~

5           ~~(4))~~) This section does not prohibit a requirement that mental  
6 health services be medically necessary (~~as determined by the medical~~  
7 ~~director or designee~~), if a comparable requirement is applicable to  
8 medical and surgical services.

9           ~~((5))~~ (4) Nothing in this section shall be construed to prevent  
10 the management of mental health services if a comparable requirement  
11 is applicable to medical and surgical services.

12           **Sec. 6.** RCW 48.46.291 and 2007 c 8 s 4 are each amended to read  
13 as follows:

14           (1) For the purposes of this section, "mental health services"  
15 means:

16           (a) For health benefit plans issued or renewed before January 1,  
17 2021, medically necessary outpatient and inpatient services provided  
18 to treat mental disorders covered by the diagnostic categories listed  
19 in the most current version of the diagnostic and statistical manual  
20 of mental disorders, published by the American psychiatric  
21 association, on ~~((July 24, 2005))~~ the effective date of this section,  
22 or such subsequent date as may be provided by the insurance  
23 commissioner by rule, consistent with the purposes of chapter 6, Laws  
24 of 2005, with the exception of the following categories, codes, and  
25 services: ~~((a))~~ (i) Substance related disorders; ~~((b))~~ (ii) life  
26 transition problems, currently referred to as "V" codes, and  
27 diagnostic codes 302 through 302.9 as found in the diagnostic and  
28 statistical manual of mental disorders, 4th edition, published by the  
29 American psychiatric association; ~~((c))~~ (iii) skilled nursing  
30 facility services, home health care, residential treatment, and  
31 custodial care; and ~~((d))~~ (iv) court ordered treatment unless the  
32 health maintenance organization's medical director or designee  
33 determines the treatment to be medically necessary; and

34           (b) For a health benefit plan or a plan deemed by the  
35 commissioner to have a short-term limited purpose or duration, issued  
36 or renewed on or after January 1, 2021, medically necessary  
37 outpatient and inpatient services provided to treat mental health and  
38 substance use disorders covered by the diagnostic categories listed  
39 in the most current version of the diagnostic and statistical manual

1 of mental disorders, published by the American psychiatric  
2 association, on the effective date of this section, or such  
3 subsequent date as may be provided by the insurance commissioner by  
4 rule, consistent with the purposes of chapter 6, Laws of 2005.

5 (2) ~~((All))~~ A health benefit plan((s)) or a plan deemed by the  
6 commissioner to have a short-term limited purpose or duration,  
7 offered by health maintenance organizations that provide coverage for  
8 medical and surgical services shall provide(~~(÷~~

9 ~~(a) For all group health benefit plans for groups other than~~  
10 ~~small groups, as defined in RCW 48.43.005 delivered, issued for~~  
11 ~~delivery, or renewed on or after January 1, 2006, coverage for:~~

12 ~~(i) Mental health services. The copayment or coinsurance for~~  
13 ~~mental health services may be no more than the copayment or~~  
14 ~~coinsurance for medical and surgical services otherwise provided~~  
15 ~~under the health benefit plan. Wellness and preventive services that~~  
16 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~  
17 ~~other cost sharing than other medical and surgical services are~~  
18 ~~excluded from this comparison; and~~

19 ~~(ii) Prescription drugs intended to treat any of the disorders~~  
20 ~~covered in subsection (1) of this section to the same extent, and~~  
21 ~~under the same terms and conditions, as other prescription drugs~~  
22 ~~covered by the health benefit plan.~~

23 ~~(b) For all health benefit plans delivered, issued for delivery,~~  
24 ~~or renewed on or after January 1, 2008, coverage for:~~

25 ~~(i) Mental health services. The copayment or coinsurance for~~  
26 ~~mental health services may be no more than the copayment or~~  
27 ~~coinsurance for medical and surgical services otherwise provided~~  
28 ~~under the health benefit plan. Wellness and preventive services that~~  
29 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~  
30 ~~other cost sharing than other medical and surgical services are~~  
31 ~~excluded from this comparison. If the health benefit plan imposes a~~  
32 ~~maximum out-of-pocket limit or stop loss, it shall be a single limit~~  
33 ~~or stop loss for medical, surgical, and mental health services; and~~

34 ~~(ii) Prescription drugs intended to treat any of the disorders~~  
35 ~~covered in subsection (1) of this section to the same extent, and~~  
36 ~~under the same terms and conditions, as other prescription drugs~~  
37 ~~covered by the health benefit plan.~~

38 ~~(c) For all health benefit plans delivered, issued for delivery,~~  
39 ~~or renewed on or after July 1, 2010,)) coverage for:~~

1        ~~((i))~~ (a) Mental health services. The copayment or coinsurance  
2 for mental health services may be no more than the copayment or  
3 coinsurance for medical and surgical services otherwise provided  
4 under the health benefit plan. Wellness and preventive services that  
5 are provided or reimbursed at a lesser copayment, coinsurance, or  
6 other cost sharing than other medical and surgical services are  
7 excluded from this comparison. If the health benefit plan imposes a  
8 maximum out-of-pocket limit or stop loss, it shall be a single limit  
9 or stop loss for medical, surgical, and mental health services. If  
10 the health benefit plan imposes any deductible, mental health  
11 services shall be included with medical and surgical services for the  
12 purpose of meeting the deductible requirement. Treatment limitations  
13 or any other financial requirements on coverage for mental health  
14 services are only allowed if the same limitations or requirements are  
15 imposed on coverage for medical and surgical services; and

16        ~~((ii))~~ (b) Prescription drugs intended to treat any of the  
17 disorders covered in subsection (1) of this section to the same  
18 extent, and under the same terms and conditions, as other  
19 prescription drugs covered by the health benefit plan.

20        ~~(3) ((In meeting the requirements of subsection (2) (a) and (b) of  
21 this section, health benefit plans may not reduce the number of  
22 mental health outpatient visits or mental health inpatient days below  
23 the level in effect on July 1, 2002.~~

24        ~~(4))~~ This section does not prohibit a requirement that mental  
25 health services be medically necessary ~~((as determined by the medical  
26 director or designee))~~, if a comparable requirement is applicable to  
27 medical and surgical services.

28        ~~((5))~~ (4) Nothing in this section shall be construed to prevent  
29 the management of mental health services if a comparable requirement  
30 is applicable to medical and surgical services.

31        **Sec. 7.** RCW 70.47.200 and 2005 c 6 s 6 are each amended to read  
32 as follows:

33        (1) For the purposes of this section, "mental health services"  
34 means:

35        (a) For any schedule of benefits established or renewed by the  
36 Washington basic health plan before January 1, 2021, medically  
37 necessary outpatient and inpatient services provided to treat mental  
38 disorders covered by the diagnostic categories listed in the most  
39 current version of the diagnostic and statistical manual of mental



1 disorders, published by the American psychiatric association, on  
2 (~~July 24, 2005~~) the effective date of this section, or such  
3 subsequent date as may be determined by the (~~administrator~~)  
4 director, by rule, consistent with the purposes of chapter 6, Laws of  
5 2005, with the exception of the following categories, codes, and  
6 services: (~~(a)~~) (i) Substance related disorders; (~~(b)~~) (ii) life  
7 transition problems, currently referred to as "V" codes, and  
8 diagnostic codes 302 through 302.9 as found in the diagnostic and  
9 statistical manual of mental disorders, 4th edition, published by the  
10 American psychiatric association; (~~(c)~~) (iii) skilled nursing  
11 facility services, home health care, residential treatment, and  
12 custodial care; and (~~(d)~~) (iv) court ordered treatment, unless the  
13 Washington basic health plan's or contracted managed health care  
14 system's medical director or designee determines the treatment to be  
15 medically necessary; and

16 (b) For any schedule of benefits established or renewed by the  
17 Washington basic health plan on or after January 1, 2021, medically  
18 necessary outpatient and inpatient services provided to treat mental  
19 health and substance use disorders covered by the diagnostic  
20 categories listed in the most current version of the diagnostic and  
21 statistical manual of mental health or substance use disorders,  
22 published by the American psychiatric association, on the effective  
23 date of this section, or such subsequent date as may be determined by  
24 the director by rule, consistent with the purposes of chapter 6, Laws  
25 of 2005.

26 (2) (~~(a)~~) Any schedule of benefits established or renewed by the  
27 Washington basic health plan (~~on or after January 1, 2006,~~) shall  
28 provide coverage for:

29 (~~(i) Mental health services. The copayment or coinsurance for~~  
30 ~~mental health services may be no more than the copayment or~~  
31 ~~coinsurance for medical and surgical services otherwise provided~~  
32 ~~under the schedule of benefits. Wellness and preventive services that~~  
33 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~  
34 ~~other cost sharing than other medical and surgical services are~~  
35 ~~excluded from this comparison; and~~

36 ~~(ii) Prescription drugs intended to treat any of the disorders~~  
37 ~~covered in subsection (1) of this section to the same extent, and~~  
38 ~~under the same terms and conditions, as other prescription drugs~~  
39 ~~covered under the schedule of benefits.~~

1 ~~(b) Any schedule of benefits established or renewed by the~~  
2 ~~Washington basic health plan on or after January 1, 2008, shall~~  
3 ~~provide coverage for:~~

4 ~~(i) Mental health services. The copayment or coinsurance for~~  
5 ~~mental health services may be no more than the copayment or~~  
6 ~~coinsurance for medical and surgical services otherwise provided~~  
7 ~~under the schedule of benefits. Wellness and preventive services that~~  
8 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~  
9 ~~other cost sharing than other medical and surgical services are~~  
10 ~~excluded from this comparison. If the schedule of benefits imposes a~~  
11 ~~maximum out-of-pocket limit or stop loss, it shall be a single limit~~  
12 ~~or stop loss for medical, surgical, and mental health services; and~~

13 ~~(ii) Prescription drugs intended to treat any of the disorders~~  
14 ~~covered in subsection (1) of this section to the same extent, and~~  
15 ~~under the same terms and conditions, as other prescription drugs~~  
16 ~~covered under the schedule of benefits.~~

17 ~~(c) Any schedule of benefits established or renewed by the~~  
18 ~~Washington basic health plan on or after July 1, 2010, shall include~~  
19 ~~coverage for:~~

20 ~~(i))~~ (a) Mental health services. The copayment or coinsurance  
21 for mental health services may be no more than the copayment or  
22 coinsurance for medical and surgical services otherwise provided  
23 under the schedule of benefits. Wellness and preventive services that  
24 are provided or reimbursed at a lesser copayment, coinsurance, or  
25 other cost sharing than other medical and surgical services are  
26 excluded from this comparison. If the schedule of benefits imposes a  
27 maximum out-of-pocket limit or stop loss, it shall be a single limit  
28 or stop loss for medical, surgical, and mental health services. If  
29 the schedule of benefits imposes any deductible, mental health  
30 services shall be included with medical and surgical services for the  
31 purpose of meeting the deductible requirement. Treatment limitations  
32 or any other financial requirements on coverage for mental health  
33 services are only allowed if the same limitations or requirements are  
34 imposed on coverage for medical and surgical services; and

35 ~~((ii))~~ (b) Prescription drugs intended to treat any of the  
36 disorders covered in subsection (1) of this section to the same  
37 extent, and under the same terms and conditions, as other  
38 prescription drugs covered under the schedule of benefits.

39 (3) ~~((In meeting the requirements of subsection (2) (a) and (b) of~~  
40 ~~this section, the Washington basic health plan may not reduce the~~

1 ~~number of mental health outpatient visits or mental health inpatient~~  
2 ~~days below the level in effect on July 1, 2002.~~

3 ~~(4))~~) This section does not prohibit a requirement that mental  
4 health services be medically necessary (~~as determined by the medical~~  
5 ~~director or designee~~), if a comparable requirement is applicable to  
6 medical and surgical services.

7 ~~((5))~~ (4) Nothing in this section shall be construed to prevent  
8 the management of mental health services if a comparable requirement  
9 is applicable to medical and surgical services.

10 **Sec. 8.** RCW 48.30.300 and 2006 c 4 s 18 are each amended to read  
11 as follows:

12 Notwithstanding any provision contained in Title 48 RCW to the  
13 contrary:

14 (1) A person or entity engaged in the business of insurance in  
15 this state may not refuse to issue any contract of insurance or  
16 cancel or decline to renew such contract because of the sex, marital  
17 status, or sexual orientation as defined in RCW 49.60.040, or the  
18 presence of any sensory, mental, or physical handicap of the insured  
19 or prospective insured. The amount of benefits payable, or any term,  
20 rate, condition, or type of coverage may not be restricted, modified,  
21 excluded, increased, or reduced on the basis of the sex, marital  
22 status, or sexual orientation, or be restricted, modified, excluded,  
23 or reduced on the basis of the presence of any sensory, mental, or  
24 physical handicap of the insured or prospective insured.

25 ~~((This))~~ (2) Except as provided in RCW 48.43.0128, 48.44.220, or  
26 48.46.370, this subsection does not prohibit fair discrimination on  
27 the basis of sex, or marital status, or the presence of any sensory,  
28 mental, or physical handicap when bona fide statistical differences  
29 in risk or exposure have been substantiated.

30 **Sec. 9.** RCW 48.43.0128 and 2019 c 33 s 15 are each amended to  
31 read as follows:

32 (1) A health carrier offering a nongrandfathered health plan (~~in~~  
33 ~~the individual or small group market~~) or a plan deemed by the  
34 commissioner to have a short-term limited purpose or duration, or to  
35 be a student-only plan that is guaranteed renewable while the covered  
36 person is enrolled as a regular, full-time undergraduate student at  
37 an accredited higher education institution may not:

1 (a) In its benefit design or implementation of its benefit  
2 design, discriminate against individuals because of their age,  
3 expected length of life, present or predicted disability, degree of  
4 medical dependency, quality of life, or other health conditions; and

5 (b) With respect to the health plan or plan deemed by the  
6 commissioner to have a short-term limited purpose or duration, or to  
7 be a student-only plan that is guaranteed renewable while the covered  
8 person is enrolled as a regular, full-time undergraduate student at  
9 an accredited higher education institution, discriminate on the basis  
10 of race, color, national origin, disability, age, sex, gender  
11 identity, or sexual orientation.

12 (2) Nothing in this section may be construed to prevent an issuer  
13 from appropriately utilizing reasonable medical management  
14 techniques.

15 (3) Unless preempted by federal law, the commissioner shall adopt  
16 any rules necessary to implement this section, consistent with  
17 federal rules and guidance in effect on January 1, 2017, implementing  
18 the patient protection and affordable care act.

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