
SUBSTITUTE HOUSE BILL 2338

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~~((s))~~

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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