H-4172.1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBSTITUTE HOUSE BILL 2498**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State of Washington 64th Legislature 2016 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Caldier, Cody, DeBolt, Manweller, Walsh, Johnson, Pike, Appleton, Jinkins, Kilduff, and Gregerson)

AN ACT Relating to prior authorization for dental services and supplies in medical assistance programs; adding a new section to chapter 74.09 RCW; and providing an expiration date.

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

NEW SECTION. **Sec.**  A new section is added to chapter 74.09 RCW to read as follows:

(1) The authority shall convene a work group or use an existing work group to make recommendations on ways to improve the prior authorization system for dental providers who provide dental services and related supplies to clients of medical assistance programs. The objective of the work group shall be to develop a prior authorization system that protects patients against unnecessary treatments and procedures while encouraging more dentists to treat medical assistance clients and increase their access to needed dental procedures.

(2) The recommendations shall identify:

(a) Current wait times for prior authorization approvals for dental services and supplies and options for reducing the time that medical assistance clients must wait for prior authorization decisions;

(b) Dental services and related supplies that are currently subject to prior authorization and which dental services and supplies must remain subject to prior authorization for purposes of maintaining quality controls and consistency with federal law and which dental services and supplies may be removed from prior authorization;

(c) Ways to reduce the cost and administrative burden of prior authorization requirements on dental providers; and

(d) Options to adjust payment practices for those dental services and supplies with prior authorization requirements.

(3) The work group must contain representatives of dental providers in private practices, dental providers in community health centers, oral health care advocates, and other relevant stakeholders.

(4) By December 15, 2016, the work group shall submit its recommendations to the director of the authority and the committees of the legislature with jurisdiction over health care issues.

(5) This section expires July 1, 2017.

**--- END ---**