

---

SENATE BILL 6023

---

State of Washington

65th Legislature

2018 Regular Session

By Senators Rolfes, Conway, and Keiser

Prefiled 12/14/17. Read first time 01/08/18. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to requiring health plans to reimburse the United  
2 States department of veterans affairs for health services provided to  
3 veterans for nonservice-connected disability treatments; adding a new  
4 section to chapter 48.43 RCW; and creating a new section.

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

6 NEW SECTION. **Sec. 1.** The federal government has passed the  
7 veterans access, choice, and accountability act of 2014, as well as  
8 the veterans choice improvement act of 2017, to allow broader access  
9 to care for veterans, directing the United States department of  
10 veterans affairs to pay for private sector care in certain  
11 situations. Many veterans prefer to access care at veterans affairs  
12 health care facilities whenever possible, and it is the intent of the  
13 legislature to support veterans and ensure private sector health  
14 insurance plans reimburse veterans health care facilities when health  
15 plan enrollees receive services for a nonservice-connected disability  
16 treatment through the United States department of veterans affairs.

17 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43  
18 RCW to read as follows:

19 (1) A health plan issued or renewed by a health carrier on or  
20 after January 1, 2019, must reimburse any United States department of

1 veterans affairs facility for covered services provided by the  
2 facility for any nonservice-connected disability treatment,  
3 consistent with the requirements of 38 U.S.C. Sec. 1729 and 38 C.F.R.  
4 Sec. 17.101.

5 (2) The amount of the reimbursement provided under subsection (1)  
6 of this section, must be:

7 (a) An amount agreed to by the facility and the health carrier;  
8 or

9 (b) The lesser of:

10 (i) The billed charges described in 38 C.F.R. Sec. 17.101; or

11 (ii) The in-network amount.

12 (3) For purposes of this section:

13 (a) "In-network amount" means the median reimbursement amount for  
14 the same care or services provided by in-network providers in the  
15 health plan's service area.

16 (b) "Veterans affairs facility" means a hospital or clinic  
17 operated by the United States department of veterans affairs.

--- END ---