
SUBSTITUTE SENATE BILL 5112

State of Washington

56th Legislature

1999 Regular Session

By Senate Committee on Health & Long-Term Care (originally sponsored by Senators Franklin, Winsley, Thibaudeau, Wojahn, McAuliffe, Deccio, Prentice, Costa, Rasmussen, Fraser, Brown, McCaslin, Patterson, Spanel, Eide, Kline, Bauer, Loveland, Jacobsen, Goings, Hale, Swecker, Haugen, Fairley, Gardner, B. Sheldon, Rossi, Johnson and Kohl-Welles)

Read first time 02/02/1999.

1 AN ACT Relating to health insurance benefits for mastectomies;
2 adding a new section to chapter 48.43 RCW; adding a new section to
3 chapter 41.05 RCW; and creating a new section.

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

5 NEW SECTION. **Sec. 1.** The legislature recognizes the role of
6 health care providers as the appropriate authority to determine and
7 establish the delivery of quality health care services to mastectomy
8 patients. It is the intent of the legislature to recognize patient
9 preference and the clinical sovereignty of providers as they make
10 determinations regarding the length of time individual patients may
11 need to remain in a health care facility after mastectomies. It is not
12 the intent of the legislature to diminish a carrier's ability to
13 utilize managed care strategies but to ensure the clinical judgment of
14 the provider is not undermined by restrictive carrier contracts or
15 utilization review criteria that fail to recognize individual needs.

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

1 (1) Unless the context clearly requires otherwise, the following
2 definitions apply throughout this section.

3 (a) "Attending provider" means a provider who: Has clinical
4 hospital privileges consistent with RCW 70.43.020; is included in a
5 provider network of the carrier that is providing coverage; and is a
6 physician licensed under chapter 18.57 or 18.71 RCW.

7 (b) "Health carrier" or "carrier" means disability insurers
8 regulated under chapter 48.20 or 48.21 RCW, health care services
9 contractors regulated under chapter 48.44 RCW, health maintenance
10 organizations regulated under chapter 48.46 RCW, plans operating under
11 the health care authority under chapter 41.05 RCW, the state health
12 insurance pool operating under chapter 48.41 RCW, and insuring entities
13 regulated under this chapter.

14 (c) "Mastectomy" means removal of all or part of the breast for
15 medically necessary reasons, as determined by a licensed physician or
16 surgeon. Procedures covered under this definition should include
17 unilateral simple, bilateral simple, unilateral extended simple,
18 unilateral extended with unilateral simple, bilateral extended simple,
19 and unilateral radical, as well as lumpectomy.

20 (2)(a) Every health carrier that provides coverage for mastectomies
21 must permit the attending provider, in consultation with the patient,
22 to make decisions on whether the surgery will be inpatient or
23 outpatient, and if inpatient, the length of inpatient stay, rather than
24 making such decisions through contracts or agreements between
25 providers, hospitals, and insurers. These decisions must be based on
26 accepted medical practice.

27 (b) Nothing in this section requires attending providers to
28 authorize care they believe to be medically unnecessary.

29 (3) No carrier that provides coverage for mastectomies may
30 deselect, terminate the services of, require additional documentation
31 from, require additional utilization review of, reduce payments to, or
32 otherwise provide financial disincentives to any attending provider or
33 health care facility solely as a result of the attending provider or
34 health care facility ordering care consistent with the provisions of
35 this section. Nothing in this section prevents any insurer from
36 reimbursing an attending provider or health care facility on a
37 capitated, case rate, or other financial incentive basis.

38 (4) Every carrier that provides coverage for mastectomies must
39 provide notice to policyholders regarding the coverage required under

1 this section. The notice must be in writing and must be transmitted at
2 the earliest of the next mailing to the policyholder, the yearly
3 summary of benefits sent to the policyholder, or January 1 of the year
4 following the effective date of this section.

5 (5) This section does not establish a standard of medical care.

6 (6) This section applies to coverage for mastectomies under a
7 contract issued or renewed by a health carrier after the effective date
8 of this section.

9 NEW SECTION. **Sec. 3.** A new section is added to chapter 41.05 RCW
10 to read as follows:

11 (1) Unless the context clearly requires otherwise, the following
12 definitions apply throughout this section.

13 (a) "Attending provider" means a provider who: Has clinical
14 hospital privileges consistent with RCW 70.43.020; is included in a
15 provider network of the carrier that is providing coverage; and is a
16 physician licensed under chapter 18.57 or 18.71 RCW.

17 (b) "Mastectomy" means removal of all or part of the breast for
18 medically necessary reasons, as determined by a licensed physician or
19 surgeon. Procedures covered under this definition should include
20 unilateral simple, bilateral simple, unilateral extended simple,
21 unilateral extended with unilateral simple, bilateral extended simple,
22 and unilateral radical, as well as lumpectomy.

23 (2)(a) Every state purchased health care plan that provides
24 coverage for mastectomies must permit the attending provider, in
25 consultation with the patient, to make decisions on whether the surgery
26 will be inpatient or outpatient, and if inpatient, the length of
27 inpatient stay, rather than making such decisions through contracts or
28 agreements between providers, hospitals, and insurers. These decisions
29 must be based on accepted medical practice.

30 (b) Nothing in this section requires attending providers to
31 authorize care they believe to be medically unnecessary.

32 (3) No state purchased health care plan that provides coverage for
33 mastectomies may deselect, terminate the services of, require
34 additional documentation from, require additional utilization review
35 of, reduce payments to, or otherwise provide financial disincentives to
36 any attending provider or health care facility solely as a result of
37 the attending provider or health care facility ordering care consistent
38 with the provisions of this section. Nothing in this section prevents

1 any insurer from reimbursing an attending provider or health care
2 facility on a capitated, case rate, or other financial incentive basis.

3 (4) Every state purchased health care plan that provides coverage
4 for mastectomies must provide notice to policyholders regarding the
5 coverage required under this section. The notice must be in writing
6 and must be transmitted at the earliest of the next mailing to the
7 policyholder, the yearly summary of benefits sent to the policyholder,
8 or January 1 of the year following the effective date of this section.

9 (5) This section does not establish a standard of medical care.

10 (6) This section applies to coverage for mastectomies under a
11 contract issued or renewed by a state purchased health care plan after
12 the effective date of this section.

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