

FINAL BILL REPORT

SSB 5801

C 6 L 11

Synopsis as Enacted

Brief Description: Establishing medical provider networks and expanding centers for occupational health and education in the industrial insurance system.

Sponsors: Senate Committee on Labor, Commerce & Consumer Protection (originally sponsored by Senators Kohl-Welles, Holmquist Newbry, Conway and Kline).

Senate Committee on Labor, Commerce & Consumer Protection
House Committee on Labor & Workforce Development

Background: The state Industrial Insurance Program provides medical and other benefits to workers who suffer a work-related injury or develop an occupational disease. The Industrial Insurance Program is administered by the Department of Labor and Industries (L&I) and is funded through a premium collected from employers and employees in the state. An injured worker can see the medical professional of his or her choice who is qualified to treat the injury.

Centers of Occupational Health and Education (COHE) are resources that attempt to improve injured worker outcomes and reduce disability through community-based health care delivery. COHE efforts focus on the first 12 weeks of a claim and promote disability prevention through helping coordinate health services and return to work activities, assisting providers to adopt occupational health best practices, and early identification of cases that appear to be at risk for long-term disability. There are currently four COHEs in the state: Renton COHE at Valley Medical Center; Eastern Washington COHE at St. Luke's Rehabilitation Institute in Spokane; the Everett Clinic; and Harborview Medical Center.

Summary: L&I must establish a health care provider network to treat injured workers. Providers who meet minimum standards are accepted into the network and must agree to follow L&I evidence-based coverage decisions, treatment guidelines, and policies. Providers who follow L&I established best practice standards can qualify for a second tier within the network. Financial and nonfinancial incentives may be provided to second tier providers. L&I is to convene an advisory group to advise the department on issues related to the implementation of the network, and seek input of various health care provider groups and associations concerning implementation of the network.

Network provider contracts will automatically renew, unless L&I or the provider give written notice of contract termination. Once a provider network is established in a worker's

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

geographic area, an injured worker needs to seek medical services from a health care provider in the network. Providers failing to meet minimum network standards can be temporarily or permanently removed from the network.

L&I must establish additional COHEs, with a goal of extending access to all injured workers by December 2015. L&I can certify or decertify COHEs based on criteria listed in the legislation. Incentives can be established for COHE providers, and electronic methods of tracking measures to identify and improve outcomes for injured workers are to be developed.

Votes on Final Passage:

Senate	48	0
House	96	1

Effective: July 1, 2011