CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE SENATE BILL 5215

63rd Legislature 2013 Regular Session

Passed by the Senate April 23, 2013 YEAS 48 NAYS 0	CERTIFICATE I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that
Passed by the House April 11, 2013 YEAS 97 NAYS 0	passed by the Senate and the House of Representatives on the dates hereon set forth.
Speaker of the House of Representatives	Secretary
Approved	FILED
	Secretary of State State of Washington
Governor of the State of Washington	

ENGROSSED SECOND SUBSTITUTE SENATE BILL 5215

AS AMENDED BY THE HOUSE

Passed Legislature - 2013 Regular Session

State of Washington 63rd Legislature 2013 Regular Session

By Senate Ways & Means (originally sponsored by Senators Becker, Holmquist Newbry, Ericksen, Dammeier, Honeyford, and Schlicher)

READ FIRST TIME 03/01/13.

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3 4 AN ACT Relating to health care professionals contracting with public and private payors; adding a new section to chapter 18.130 RCW; and adding a new chapter to Title 48 RCW.

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

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NEW SECTION. Sec. 1. The legislature finds that Washington state is a provider friendly state within which to practice medicine. As part of health care reform, Washington state endeavors to establish and operate a state-based health benefits exchange wherein insurance products will be offered for sale and add potentially three hundred thousand patients to commercial insurance, and to expand access to medicaid for potentially three hundred thousand new enrollees. Such a successful and new insurance market in Washington state will require the willing participation of all categories of health care providers. The legislature further finds that principles of fair contracting apply to all contracts between health care providers and health insurance carriers offering insurance within Washington state and that fair

dealings and transparency in expectations should be present in interactions between all third-party payors and health care providers.

<u>NEW SECTION.</u> **Sec. 2.** The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Health care provider" or "provider" has the same meaning as in RCW 48.43.005 and, for the purposes of this chapter, includes facilities licensed under chapter $70.41\ RCW$.

(2) "Payor" or "third-party payor" means carriers licensed under chapters 48.20, 48.21, 48.44, and 48.46 RCW, and managed health care systems as defined in RCW 74.09.522.

(3) "Material amendment" means an amendment to a contract between a payor and health care provider that would result in requiring a health care provider to participate in a health plan, product, or line of business with a lower fee schedule in order to continue to participate in a health plan, product, or line of business with a higher fee schedule. A material amendment does not include any of the following:

(a) A decrease in payment or compensation resulting from a change in a fee schedule published by the payor upon which the payment or compensation is based and the date of applicability is clearly identified in the contract, compensation addendum, or fee schedule notice;

(b) A decrease in payment or compensation that was anticipated under the terms of the contract, if the amount and date of applicability of the decrease is clearly identified in the contract; or

33 (c) Changes unrelated to compensation so long as reasonable notice 34 of not less than sixty days is provided.

NEW SECTION. Sec. 3. (1) A third-party payor shall provide no less than sixty days' notice to the health care provider of any

proposed material amendments to a health care provider's contract with the third-party payor.

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(2) Any material amendment to a contract must be clearly defined in a notice to the provider from the third-party payor as being a material change to the contract before the provider's notice period begins. notice must also inform the providers that they may choose to reject the terms of the proposed material amendment through written or electronic means at any time during the notice period and that such rejection may not affect the terms of the health care provider's existing contract with the third-party payor.

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(3) A health care provider's rejection of the material amendment does not affect the terms of the health care provider's existing contract with the third-party payor.

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(4) A failure to comply with the terms of subsections (1), (2), and 18 (3) of this section shall void the effectiveness of the material 19 amendment. 20

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<u>NEW SECTION.</u> **Sec. 4.** A payor may require a health care provider to extend the payor's medicaid rates, or some percentage above the payor's medicaid rates, that govern a health benefit program administered by a public purchaser to a commercial plan or line of business offered by a payor that is not administered by a public purchaser only if the health care provider has expressly agreed in writing to the extension. For the purposes of this section, "administered by a public purchaser" does not include commercial coverage offered through the Washington health benefit exchange. Nothing in this section prohibits a payor from utilizing medicaid rates, or some percentage above medicaid rates, as a base when negotiating payment rates with a health care provider.

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35 NEW SECTION. Sec. 5. A new section is added to chapter 18.130 RCW to read as follows: 36

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No licensee subject to this chapter may be required to participate in any public or private third-party reimbursement program or any plans or products offered by a payor as a condition of licensure.

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NEW SECTION. Sec. 6. Sections 1 through 4 of this act constitute a new chapter in Title 48 RCW.

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