2SHB 1471 - H AMD TO H AMD (H-2254.1/15) 229 By Representative Harris

FAILED 03/09/2015

| 1 | On page 1, line 6 of the striking amendment, after "imposes" |
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| 2 | strike "different" |
| 3 | |
| 4 | On page 1, line 7 of the striking amendment, after "authorization" |
| 5 | strike "standards and criteria" |
| 6 | |
| 7 | On page 1, line 9 of the striking amendment, after "shall" insert |
| 8 | ", upon request," |
| 9 | |
| 10 | On page 1, beginning on line 13 of the striking amendment, after |
| 11 | "for" strike all material through "or" on line 14 |
| 12 | |
| 13 | On page 1, beginning on line 15 of the striking amendment, after |
| 14 | "of" strike "habilitative, rehabilitative" and insert "physical, |
| 15 | speech, or occupational therapy" |
| 16 | |
| 17 | On page 1, beginning on line 17 of the striking amendment, strike |
| 18 | all of subsection (3) |
| 19 | |
| 20 | Renumber the remaining subsections consecutively and correct any |
| 21 | internal references accordingly. |
| 22 | |
| 23 | On page 2, beginning on line 3 of the striking amendment, after |
| 24 | "(7)" strike all material through "care" on line 7 and insert "(a) A |
| 25 | rental network must give a contracted health care provider sixty days' |
| 26 | notice prior to adding a new product to its contract with the |

27 provider. The rental network may not require the contracted provider

- 1 to accept the additional product as a condition for continued 2 participation in the in-force contract.
- 3 (b) For purposes of this subsection (7):
- 4 (i) "Rental network" means any entity that sells access to a
- 5 network of health care providers to other entities.
- 6 (ii) "Product" means an entity purchasing access to a rental 7 network.
- 8 (c) This subsection (7) does not apply to entities within the same
- 9 insurance holding company system as defined in RCW 48.31B.005"

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- On page 2, beginning on line 9 of the striking amendment, after
- 12 "condition" strike all material through "condition" on line 14

13

- 14 On page 2, line 17 of the striking amendment, after "imposes"
- 15 strike "different"

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- On page 2, at the beginning of line 18 of the striking amendment,
- 18 strike "standards and criteria"

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- On page 2, line 20 of the striking amendment, after "shall" insert
- 21 ", upon request,"

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- On page 2, beginning on line 24 of the striking amendment, after
- 24 "for" strike all material through "or" on line 25

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- On page 2, beginning on line 26 of the striking amendment, after
- 27 "of" strike "habilitative, rehabilitative" and insert "physical,
- 28 speech, or occupational therapy,"

29

- 30 On page 2, beginning on line 28 of the striking amendment, strike
- 31 all of subsection (3)

32

- 33 Renumber the remaining subsections consecutively and correct any
- 34 internal references accordingly.

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- On page 3, beginning on line 8 of the striking amendment, after "(7)" strike all material through "care" on line 11 and insert "(a) A rental network must give a contracted health care provider sixty days' notice prior to adding a new product to its contract with the provider. The rental network may not require the contracted provider to accept the additional product as a condition for continued participation in the in-force contract.
- 9 (b) For purposes of this subsection (7):
- 10 (i) "Rental network" means any entity that sells access to a 11 network of health care providers to other entities.
- 12 (ii) "Product" means an entity purchasing access to a rental 13 network.
- 14 (c) This subsection (7) does not apply to entities within the same 15 insurance holding company system as defined in RCW 48.31B.005"

On page 3, beginning on line 13, after "condition" strike all material through "condition" on line 18

EFFECT: Requires a carrier, or a health plan offered to state employees, to provide information about provider tiers if it imposes prior authorization for a covered service, instead of if it imposes different prior authorization standards and criteria for a covered service. Requires information about provider tiers to be provided upon request.

Removes the prohibition against a carrier, or health plan offered to state employees, requiring prior authorization for an evaluation and management visit. Removes the prohibition against requiring prior authorization for the first visit for habilitative or rehabilitative care and instead prohibits prior authorization for the first visit for physical, speech, or occupational therapy (in addition to East Asian medicine and chiropractic care).

Removes the requirement that prior authorization standards and criteria be based on the carrier's, or health plan offered to state employees', medical necessity standards.

Requires a "rental network" to provide 60 days' notice to a provider prior to adding a product to its contract with the provider and prohibits the rental network from requiring a provider to accept the

additional product as a condition for continued participation in an in-force contract (exempts entities within the same insurance holding company from this requirement).

Removes the prohibition against a carrier, or health plan offered to state employees, imposing cost sharing for habilitative, rehabilitative, East Asian medicine, or chiropractic care that exceeds the cost sharing required for primary care.

Removes the limitation that "new episode of care" includes only conditions that have not been presented to a provider less than 60 days prior to the first encounter or sixty days after the most recent encounter for the condition.

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