

---

**SUBSTITUTE HOUSE BILL 2408**

---

**State of Washington**

**64th Legislature**

**2016 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Jenkins, Clibborn, Caldier, Rodne, Robinson, Short, Johnson, Fitzgibbon, Kagi, Tarleton, and Riccelli)

READ FIRST TIME 02/03/16.

1 AN ACT Relating to mitigating barriers to patient access to care  
2 resulting from health insurance contracting practices; amending RCW  
3 41.05.074 and 48.43.016; and providing an effective date.

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

5 **Sec. 1.** RCW 41.05.074 and 2015 c 251 s 1 are each amended to  
6 read as follows:

7 (1) A health plan offered to public employees and their covered  
8 dependents under this chapter that imposes different prior  
9 authorization standards and criteria for a covered service among  
10 tiers of contracting providers of the same licensed profession in the  
11 same health plan shall inform an enrollee which tier an individual  
12 provider or group of providers is in by posting the information on  
13 its web site in a manner accessible to both enrollees and providers.

14 (2) The health plan may not require prior authorization for an  
15 evaluation and management visit or an initial treatment visit with a  
16 contracting provider in a new episode of chiropractic, physical  
17 therapy, occupational therapy, East Asian medicine, massage therapy,  
18 or speech and hearing therapies. Notwithstanding RCW 48.43.515(5)  
19 this section may not be interpreted to limit the ability of a health  
20 plan to require a referral or prescription for the therapies listed  
21 in this section.

1 (3) The health care authority shall post on its web site and  
2 provide upon the request of a covered person or contracting provider  
3 any prior authorization standards, criteria, or information the  
4 health plan uses for medical necessity decisions.

5 (4) A health care provider with whom the administrator of the  
6 health plan consults regarding a decision to deny, limit, or  
7 terminate a person's covered health care services must hold a  
8 license, certification, or registration, in good standing and must be  
9 in the same or related health field as the health care provider being  
10 reviewed or of a specialty whose practice entails the same or similar  
11 covered health care service.

12 (5) The health plan may not require a provider to provide a  
13 discount from usual and customary rates for health care services not  
14 covered under the health plan, policy, or other agreement, to which  
15 the provider is a party.

16 (6) A health plan offered to employees and their covered  
17 dependents under this chapter may not require a covered person's cost  
18 sharing, including copayments, for chiropractic, physical therapy,  
19 occupational therapy, East Asian medicine, massage therapy, or speech  
20 and hearing therapies to exceed the cost-sharing amount the plan  
21 requires for standard professional services as defined in the plan.

22 (7) For purposes of this section:

23 (a) "New episode of care" means treatment for a new or recurrent  
24 condition for which the enrollee has not been treated by the provider  
25 within the previous ninety days and is not currently undergoing any  
26 active treatment.

27 (b) "Contracting provider" does not include providers employed  
28 within an integrated delivery system operated by a carrier licensed  
29 under chapter 48.44 or 48.46 RCW.

30 **Sec. 2.** RCW 48.43.016 and 2015 c 251 s 2 are each amended to  
31 read as follows:

32 (1) A health carrier that imposes different prior authorization  
33 standards and criteria for a covered service among tiers of  
34 contracting providers of the same licensed profession in the same  
35 health plan shall inform an enrollee which tier an individual  
36 provider or group of providers is in by posting the information on  
37 its web site in a manner accessible to both enrollees and providers.

38 (2) A health carrier may not require prior authorization for an  
39 evaluation and management visit or an initial treatment visit with a

1 contracting provider in a new episode of chiropractic, physical  
2 therapy, occupational therapy, East Asian medicine, massage therapy,  
3 or speech and hearing therapies. Notwithstanding RCW 48.43.515(5)  
4 this section may not be interpreted to limit the ability of a health  
5 plan to require a referral or prescription for the therapies listed  
6 in this section.

7 (3) A health carrier shall post on its web site and provide upon  
8 the request of a covered person or contracting provider any prior  
9 authorization standards, criteria, or information the carrier uses  
10 for medical necessity decisions.

11 (4) A health care provider with whom a health carrier consults  
12 regarding a decision to deny, limit, or terminate a person's covered  
13 health care services must hold a license, certification, or  
14 registration, in good standing and must be in the same or related  
15 health field as the health care provider being reviewed or of a  
16 specialty whose practice entails the same or similar covered health  
17 care service.

18 (5) A health carrier may not require a provider to provide a  
19 discount from usual and customary rates for health care services not  
20 covered under a health plan, policy, or other agreement, to which the  
21 provider is a party.

22 (6) A health carrier may not require a covered person's cost  
23 sharing, including copayments, for chiropractic, physical therapy,  
24 occupational therapy, East Asian medicine, massage therapy, or speech  
25 and hearing therapies to exceed the cost-sharing amount the carrier  
26 requires for primary care.

27 (7) For purposes of this section:

28 (a) "New episode of care" means treatment for a new or recurrent  
29 condition for which the enrollee has not been treated by the provider  
30 within the previous ninety days and is not currently undergoing any  
31 active treatment.

32 (b) "Contracting provider" does not include providers employed  
33 within an integrated delivery system operated by a carrier licensed  
34 under chapter 48.44 or 48.46 RCW.

35 NEW SECTION. **Sec. 3.** This act takes effect January 1, 2017.

--- END ---