CERTIFICATION OF ENROLLMENT

ENGROSSED SUBSTITUTE SENATE BILL 6157

Chapter 193, Laws of 2018

65th Legislature 2018 Regular Session

HEALTH CARRIER PRIOR AUTHORIZATION--PROVIDER VISITS

EFFECTIVE DATE: June 7, 2018

Passed by the Senate February 12, 2018 CERTIFICATE Yeas 42 Nays 4 I, Brad Hendrickson, Secretary of Senate of the State of CYRUS HABIB Washington, do hereby certify that President of the Senate the attached is ENGROSSED SUBSTITUTE SENATE BILL 6157 as passed by Senate and the House of Representatives on the dates hereon Passed by the House February 27, 2018 set forth. Yeas 90 Nays 8 BRAD HENDRICKSON FRANK CHOPP Secretary Speaker of the House of Representatives Approved March 22, 2018 11:45 AM FILED March 26, 2018

JAY INSLEE State of Washington

Governor of the State of Washington

ENGROSSED SUBSTITUTE SENATE BILL 6157

Passed Legislature - 2018 Regular Session

State of Washington 65th Legislature 2018 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Short, Kuderer, Rivers, Cleveland, Palumbo, Nelson, Becker, Walsh, Warnick, and Van De Wege)

READ FIRST TIME 02/02/18.

- ACT Relating to prior authorization; and 1 ΑN amending RCW
- 2 48.43.016.

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- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- RCW 48.43.016 and 2015 c 251 s 2 are each amended to 4 Sec. 1. 5 read as follows:
 - (1) A health carrier that imposes different prior authorization standards and criteria for a covered service among tiers contracting providers of the same licensed profession in the same health plan shall inform an enrollee which tier an individual provider or group of providers is in by posting the information on its web site in a manner accessible to both enrollees and providers.
- (2) A health carrier may not require prior authorization for an 12 13 initial evaluation and management visit ((or an initial)) and up to 14 six consecutive treatment visits with a contracting provider in a new episode of care of chiropractic, physical therapy, occupational 15 16 therapy, East Asian medicine, massage therapy, or speech and hearing 17 therapies that meet the standards of medical necessity and are subject to quantitative treatment limits of the health plan. 18
- 19 Notwithstanding RCW 48.43.515(5) this section may not be interpreted
- 20 to limit the ability of a health plan to require a referral or
- 21 prescription for the therapies listed in this section.

- 1 (3) A health carrier shall post on its web site and provide upon 2 the request of a covered person or contracting provider any prior 3 authorization standards, criteria, or information the carrier uses 4 for medical necessity decisions.
- 5 (4) A health care provider with whom a health carrier consults 6 regarding a decision to deny, limit, or terminate a person's covered 7 health care services must hold a license, certification, or 8 registration, in good standing and must be in the same or related 9 health field as the health care provider being reviewed or of a 10 specialty whose practice entails the same or similar covered health 11 care service.
 - (5) A health carrier may not require a provider to provide a discount from usual and customary rates for health care services not covered under a health plan, policy, or other agreement, to which the provider is a party.
 - (6) For purposes of this section:

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- 17 (a) "New episode of care" means treatment for a new or recurrent 18 condition for which the enrollee has not been treated by the provider 19 within the previous ninety days and is not currently undergoing any 20 active treatment.
- (b) "Contracting provider" does not include providers employed within an integrated delivery system operated by a carrier licensed under chapter 48.44 or 48.46 RCW.

Passed by the Senate February 12, 2018. Passed by the House February 27, 2018. Approved by the Governor March 22, 2018. Filed in Office of Secretary of State March 26, 2018.

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