

CERTIFICATION OF ENROLLMENT  
**SECOND ENGROSSED SENATE BILL 5887**

Chapter 193, Laws of 2020

66th Legislature  
2020 Regular Session

HEALTH CARRIER PRIOR AUTHORIZATION--VARIOUS PROVISIONS

EFFECTIVE DATE: June 11, 2020

Passed by the Senate March 9, 2020  
Yeas 48 Nays 0

CYRUS HABIB

**President of the Senate**

Passed by the House March 3, 2020  
Yeas 95 Nays 0

LURIE JINKINS

**Speaker of the House of  
Representatives**

Approved March 27, 2020 2:35 PM

JAY INSLEE

**Governor of the State of Washington**

CERTIFICATE

I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SECOND ENGROSSED SENATE BILL 5887** as passed by the Senate and the House of Representatives on the dates hereon set forth.

BRAD HENDRICKSON

**Secretary**

FILED

March 27, 2020

**Secretary of State  
State of Washington**

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SECOND ENGROSSED SENATE BILL 5887

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AS AMENDED BY THE HOUSE

Passed Legislature - 2020 Regular Session

**State of Washington**                      **66th Legislature**                      **2019 Regular Session**

**By** Senators Short, Keiser, and Nguyen

Read first time 02/11/19. Referred to Committee on Health & Long Term Care.

1            AN ACT Relating to health carrier requirements for prior  
2 authorization standards; amending RCW 48.43.016; and creating a new  
3 section.

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

5            NEW SECTION.      **Sec. 1.**      The legislature intends to facilitate  
6 patient access to appropriate therapies for newly diagnosed health  
7 conditions while recognizing the necessity for health carriers to  
8 employ reasonable utilization management techniques.

9            **Sec. 2.**      RCW 48.43.016 and 2019 c 308 s 22 are each amended to  
10 read as follows:

11            (1) A health carrier or its contracted entity that imposes  
12 different prior authorization standards and criteria for a covered  
13 service among tiers of contracting providers of the same licensed  
14 profession in the same health plan shall inform an enrollee which  
15 tier an individual provider or group of providers is in by posting  
16 the information on its web site in a manner accessible to both  
17 enrollees and providers.

18            (2)(a) A health carrier or its contracted entity may not require  
19 utilization management or review of any kind including, but not  
20 limited to, prior, concurrent, or postservice authorization for an

1 initial evaluation and management visit and up to six (~~consecutive~~)  
2 treatment visits with a contracting provider in a new episode of care  
3 (~~of chiropractic~~) for each of the following: Chiropractic, physical  
4 therapy, occupational therapy, acupuncture and Eastern medicine,  
5 massage therapy, or speech and hearing therapies (~~that meet the~~  
6 ~~standards of medical necessity and~~). Visits for which utilization  
7 management or review is prohibited under this section are subject to  
8 quantitative treatment limits of the health plan. Notwithstanding RCW  
9 48.43.515(5) this section may not be interpreted to limit the ability  
10 of a health plan to require a referral or prescription for the  
11 therapies listed in this section.

12 (b) For visits for which utilization management or review is  
13 prohibited under this section, a health carrier or its contracted  
14 entity may not:

15 (i) Deny or limit coverage on the basis of medical necessity or  
16 appropriateness; or

17 (ii) Retroactively deny care or refuse payment for the visits.

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

22 (4) A health care provider with whom a health carrier consults  
23 regarding a decision to deny, limit, or terminate a person's covered  
24 health care services must hold a license, certification, or  
25 registration, in good standing and must be in the same or related  
26 health field as the health care provider being reviewed or of a  
27 specialty whose practice entails the same or similar covered health  
28 care service.

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

33 (6) Nothing in this section prevents a health carrier from  
34 denying coverage based on insurance fraud.

35 (7) For purposes of this section:

36 (a) "New episode of care" means treatment for a new (~~or~~  
37 ~~recurrent~~) condition or diagnosis for which the enrollee has not  
38 been treated by (~~the~~) a provider of the same licensed profession  
39 within the previous ninety days and is not currently undergoing any  
40 active treatment.

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

Passed by the Senate March 9, 2020.

Passed by the House March 3, 2020.

Approved by the Governor March 27, 2020.

Filed in Office of Secretary of State March 27, 2020.

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