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HOUSE BILL 1957

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State of Washington

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2024 Regular Session

By Representatives Riccelli, Macri, Ryu, Leavitt, Senn, Reed, Ormsby, Callan, Doglio, Fosse, Goodman, Lekanoff, Wylie, Pollet, and Davis

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1 AN ACT Relating to preserving coverage of preventive services  
2 without cost sharing; and amending RCW 48.43.047.

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

4 **Sec. 1.** RCW 48.43.047 and 2018 c 14 s 1 are each amended to read  
5 as follows:

6 (1) A health plan issued on or after (~~June 7, 2018~~) the  
7 effective date of this section, must, at a minimum, provide coverage  
8 for the (~~same~~) following preventive services (~~required to be~~  
9 ~~covered under 42 U.S.C. Sec. 300gg-13 (2016) and any federal rules or~~  
10 ~~guidance in effect on December 31, 2016, implementing 42 U.S.C. Sec.~~  
11 ~~300gg-13~~) as the recommendations or guidelines existed on January 8,  
12 2024:

13 (a) Evidence-based items or services that have a rating of A or B  
14 in the current recommendations of the United States preventive  
15 services task force with respect to the enrollee;

16 (b) Immunizations for routine use in children, adolescents, and  
17 adults that have in effect a recommendation from the advisory  
18 committee on immunization practices of the centers for disease  
19 control and prevention with respect to the enrollee. For purposes of  
20 this subsection, a recommendation from the advisory committee on  
21 immunization practices of the centers for disease control and

1 prevention is considered in effect after the recommendation has been  
2 adopted by the director of the centers for disease control and  
3 prevention, and a recommendation is considered to be for routine use  
4 if the recommendation is listed on the immunization schedules of the  
5 centers for disease control and prevention;

6 (c) With respect to infants, children, and adolescents, evidence-  
7 informed preventive care and screenings provided for in comprehensive  
8 guidelines supported by the health resources and services  
9 administration; and

10 (d) With respect to women, additional preventive care and  
11 screenings that are not listed with a rating of A or B by the United  
12 States preventive services task force but that are provided for in  
13 comprehensive guidelines supported by the health resources and  
14 services administration.

15 (2) ((The)) A health carrier is not required to provide coverage  
16 for any items or services specified in any recommendation or  
17 guideline described in subsection (1) of this section if a  
18 recommendation or guideline is revised to no longer include the  
19 preventive item or service as defined in subsection (1) of this  
20 section.

21 (3) Annually, a health carrier shall determine whether any  
22 additional items or services must be covered without cost-sharing  
23 requirements or whether any items or services are no longer required  
24 to be covered. The carrier's determination must be included in its  
25 health plan filings submitted to the commissioner.

26 (4)(a) Except as provided in (b) of this subsection, the health  
27 plan may not impose cost-sharing requirements for the preventive  
28 services required to be covered under subsection (1) of this section  
29 when the services are provided by an in-network provider. If a plan  
30 does not have in its network a provider who can provide an item or  
31 service described in subsection (1) of this section, the plan must  
32 cover the item or service when performed by an out-of-network  
33 provider and may not impose cost sharing with respect to the item or  
34 service.

35 ((+3)) (b) If any portion of 42 U.S.C. Sec. 300gg-13 is found  
36 invalid, for a health plan offered as a qualifying health plan for a  
37 health savings account, the carrier may apply cost sharing to  
38 coverage of the services covered under this section only at the  
39 minimum level necessary to preserve the enrollee's ability to claim

1 tax exempt contributions and withdrawals from the enrollee's health  
2 savings account under internal revenue service laws and regulations.

3 (5) A carrier may use reasonable medical management techniques to  
4 determine the frequency, method, treatment, or setting for an item or  
5 service described in subsection (1) of this section to the extent not  
6 specified in the relevant recommendation or guideline.

7 (6) The insurance commissioner shall enforce this section  
8 ((consistent with federal rules, guidance, and case law in effect on  
9 December 31, 2016, applicable to 42 U.S.C. 300gg-13 (2016))).

10 (7) The insurance commissioner may adopt rules:

11 (a) Necessary to implement this section; and

12 (b) Related to any subsequent preventive services recommendations  
13 and guidelines described in subsection (1) of this section.

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