

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 1957

Chapter 314, Laws of 2024

68th Legislature
2024 Regular Session

HEALTH CARRIERS—COVERAGE OF PREVENTIVE SERVICES WITHOUT COST SHARING

EFFECTIVE DATE: June 6, 2024

Passed by the House March 4, 2024
Yeas 97 Nays 0

LAURIE JINKINS

**Speaker of the House of
Representatives**

Passed by the Senate February 27,
2024
Yeas 49 Nays 0

DENNY HECK

President of the Senate

Approved March 28, 2024 10:23 AM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1957** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

March 29, 2024

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE HOUSE BILL 1957

AS AMENDED BY THE SENATE

Passed Legislature - 2024 Regular Session

State of Washington 68th Legislature 2024 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Riccelli, Macri, Ryu, Leavitt, Senn, Reed, Ormsby, Callan, Doglio, Fosse, Goodman, Lekanoff, Wylie, Pollet, and Davis)

READ FIRST TIME 01/16/24.

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 nongrandfathered health plan issued on or after (~~June 7,~~
7 ~~2018~~) the effective date of this section, must, at a minimum,
8 provide coverage for the (~~same~~) following preventive services
9 (~~required to be covered under 42 U.S.C. Sec. 300gg-13 (2016) and any~~
10 ~~federal rules or guidance in effect on December 31, 2016,~~
11 ~~implementing 42 U.S.C. Sec. 300gg-13~~) as the recommendations or
12 guidelines existed on January 8, 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 nongrandfathered health plan must provide coverage
16 for the preventive services required to be covered under subsection
17 (1) of this section consistent with federal rules and guidance
18 related to coverage of preventive services in effect on January 8,
19 2024.

20 (3) A nongrandfathered health plan must provide coverage for the
21 preventive services required to be covered under subsection (1) of
22 this section for plan years that begin on or after the date that is
23 one year after the date the recommendation or guideline is issued.

24 (4) A nongrandfathered health plan is no longer required to
25 provide coverage for particular items or services specified in the
26 recommendations or guidelines described in subsection (1) of this
27 section if such a recommendation or guideline is revised by the
28 recommending entities described in subsection (1) of this section to
29 no longer include the preventive item or service as defined in
30 subsection (1) of this section.

31 (5) Annually, a health carrier shall determine whether any
32 additional items or services must be covered without cost-sharing
33 requirements or whether any items or services are no longer required
34 to be covered as provided in subsections (2) and (3) of this section.
35 The carrier's determination must be included in its health plan
36 filings submitted to the commissioner.

37 (6) (a) Except as provided in (b) of this subsection, the health
38 plan may not impose cost-sharing requirements for the preventive
39 services required to be covered under subsection (1) of this section
40 when the services are provided by an in-network provider. If a plan

1 does not have in its network a provider who can provide an item or
2 service described in subsection (1) of this section, the plan must
3 cover the item or service when performed by an out-of-network
4 provider and may not impose cost sharing with respect to the item or
5 service.

6 ~~((3))~~ (b) If any portion of 42 U.S.C. Sec. 300gg-13 is found
7 invalid, for a health plan offered as a qualifying health plan for a
8 health savings account, the carrier may apply cost sharing to
9 coverage of the services that have been invalidated only at the
10 minimum level necessary to preserve the enrollee's ability to claim
11 tax exempt contributions and withdrawals from the enrollee's health
12 savings account under internal revenue service laws and regulations.

13 (7) A carrier may use reasonable medical management techniques to
14 determine the frequency, method, treatment, or setting for an item or
15 service described in subsection (1) of this section to the extent not
16 specified in the relevant recommendation or guideline, federal rules
17 and guidance related to the coverage of preventive services in effect
18 on January 8, 2024, and any rules adopted by the insurance
19 commissioner.

20 (8) The insurance commissioner shall enforce this section
21 consistent with federal rules~~(, guidance, and case law in effect on~~
22 ~~December 31, 2016, applicable to 42 U.S.C. 300gg-13 (2016))~~ and
23 guidance in effect on January 8, 2024.

24 (9) The insurance commissioner may adopt rules necessary to
25 implement this section, consistent with federal statutes, rules, and
26 guidance in effect on January 8, 2024. The insurance commissioner may
27 also adopt rules related to any future preventive services
28 recommendations and guidelines issued by the United States preventive
29 services task force, the advisory committee on immunization practices
30 of the centers for disease control and prevention, and the health
31 resources and services administration or related federal rules or
32 guidance.

Passed by the House March 4, 2024.

Passed by the Senate February 27, 2024.

Approved by the Governor March 28, 2024.

Filed in Office of Secretary of State March 29, 2024.

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