Washington State
House of Representatives
Office of Program Research

BILL ANALYSIS

Health Care & Wellness Committee

HB 1812

Brief Description: Concerning patient-centered equitable access to anesthesia services and reimbursement.

Sponsors: Representatives Rule, Valdez, Berg, Berry, Street, Shavers, Parshley, Steele, Eslick, Pollet and Hill.

Brief Summary of Bill

- Requires health carriers, health plans offered to public employees, the Health Care Authority (HCA), and Medicaid managed care organizations (MCOs) (collectively covered health plans) to provide coverage for necessary anesthesia services for any procedure covered by the health plan, regardless of the duration of anesthesia care and prohibits the imposition of arbitrary time limits or any other cap on reimbursement for anesthesia services.
- Prohibits covered health plans from making a distinction or implementing policies or practices concerning verification of practice competency, coverage, billing codes, billing modifiers, compensation, or reimbursement if the physician or certified registered nurse anesthetist is acting within the scope of their practice.
- Prohibits covered health plans from discriminating against any health care provider providing anesthesia services located within the plan's geographic coverage area and willing to meet the carrier's terms and conditions for participation.
- Authorizes the Insurance Commissioner to take additional enforcement actions against health carriers for violations and requires health carriers to provide restitution to affected health care providers and enrollees, including compensatory payments for any financial losses incurred.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Hearing Date: 1/27/26

Staff: Kim Weidenaar (786-7120).

Background:

Anesthesia is the use of medicines to prevent patients from feeling pain during health care procedures such as surgery, some screening and diagnostic procedures, and some dental procedures. The medicines, known as anesthetics, may be administered by injection, inhalation, topical lotion, spray, eye drops, or skin patch. Anesthesia may be local anesthesia for a small part of the body, regional anesthesia for larger areas of the body where the patient may either be awake or sedated during the procedure, or general anesthesia which affects the whole body and the patient is unconscious and unable to move.

According to a Department of Health sunrise review from 2021, there were three primary health professions in Washington that may perform anesthesia on a general basis within their scopes of practice: physicians, advanced registered nurse practitioners, and physician assistants. In 2024 a new health profession, anesthesiologist assistants, was established in Washington and authorized to provide assistance with anesthesiology according to responsibilities delegated by a supervising anesthesiologist as consistent with the anesthesiologist assistant's education, training, and experience. For each of these professions, additional certifications and training may be required to perform certain types of anesthesia. In addition, in the context of dental procedures, dentists and dental anesthesia assistants may perform anesthesia within the limits of rules adopted by the Dental Quality Assurance Commission.

Summary of Bill:

Health plans offered by health carriers, health plans offered to public employees, the Health Care Authority (HCA), and Medicaid managed care organizations (MCOs) (collectively covered health plans) must provide coverage for necessary anesthesia services for any procedure covered by the covered health plan, regardless of the duration of anesthesia care. Covered health plans that provide coverage for anesthesia services may not deny coverage for anesthesia services or impose any cap on the reimbursement amount for anesthesia services on the basis that the duration of a procedure exceeds a particular time limit.

Reimbursement for anesthesia services for covered health plans must be determined based solely on necessity assessed by the physician or certified registered nurse anesthetist (CRNA). Covered health plans may not:

- deny payment for anesthesia services solely because the duration of care exceeded a preset time limit;
- impose arbitrary time limits or any other cap on reimbursement for anesthesia services provided during procedures; or
- impose unilateral or arbitrary time limits on coverage or reimbursement for anesthesia services.

For health plans issued or renewed on or after January 1, 2026, covered health plans may not make a distinction or implement policies concerning verification of practice competency, coverage, billing codes or modifiers, compensation, or reimbursement if the physician or CRNA is acting within the scope of their practice. Covered health plans may not discriminate against any health care provider providing anesthesia services located within the plan's geographic coverage area and willing to meet the carrier's terms and conditions for participation, as long as the terms and conditions are not more restrictive than what is required under state law.

The Insurance Commissioner is authorized to take additional enforcement actions against health carriers for violations of these above provisions including imposing civil monetary penalties, requiring health carriers to reimburse for improperly denied claims, and suspending or revoking the health carrier's license to operate within Washington for repeated or egregious violations. Individuals and health care providers affected by violations of the above provisions may file a complaint with the Insurance Commissioner. Health carriers found in violation of these requirements by the Insurance Commissioner must provide restitution to affected health care providers and enrollees, including compensatory payments for any financial losses incurred by noncompliance.

The Insurance Commissioner must adopt rules to administer and implement these requirements.

Appropriation: None.

Fiscal Note: Requested on January 22, 2026.

Effective Date: The bill contains an emergency clause and takes effect immediately.