
HOUSE BILL 1812

State of Washington

69th Legislature

2025 Regular Session

By Representatives Rule, Caldier, Berg, Berry, Street, Shavers, Parshley, Steele, Eslick, Pollet, and Hill

Read first time 02/04/25. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to patient-centered equitable access to
2 anesthesia services and reimbursement; reenacting and amending RCW
3 41.05.017; adding a new section to chapter 48.43 RCW; adding a new
4 section to chapter 74.09 RCW; creating a new section; and declaring
5 an emergency.

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

7 NEW SECTION. **Sec. 1.** The legislature finds that anesthesia
8 providers give individualized care to every patient, carefully
9 assessing the patient's health prior to the surgery, looking at
10 existing diseases and medical conditions to determine the resources
11 and medical expertise needed, attending to the patient during the
12 entire procedure, resolving unexpected complications that may arise
13 and/or extend the duration of the surgery, and working to ensure that
14 the patient is comfortable during recovery.

15 The legislature intends for this act to safeguard patient safety,
16 uphold patient-centered care, and promote transparency and safety in
17 anesthesia reimbursement practices by ensuring fair and ethical
18 access to medically necessary anesthesia services. This act is
19 critical to protecting patient safety and preventing the disturbing
20 trend of commercial health insurers imposing time caps or physical
21 status caps for anesthesia during surgery, leading to dangerous

1 practices that could jeopardize lives. This year, insurers have
2 targeted some of the most vulnerable patients receiving anesthesia
3 care including those under the age of one, those over the age of 70,
4 those in emergency conditions, and those with severe systemic
5 diseases or illnesses.

6 Therefore, the legislature intends to address the alarming
7 potential for insurance companies to impose arbitrary time limits or
8 slash reimbursements based on the duration of care or patient
9 physical status, prioritizing profit over patient well-being. By
10 mandating consistent and dependable access to medically necessary
11 anesthesia services, the legislature intends to provide safeguards to
12 protect patient-centered care and allow health care providers to
13 deliver safe, high quality care without undue interference or
14 financial coercion.

15 Because the legislature finds that immediate action is necessary
16 to protect the ability of health care providers to deliver medically
17 necessary health care services to Washingtonians, this act is deemed
18 necessary for the immediate preservation of the public health,
19 welfare, peace, and safety.

20 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43
21 RCW to read as follows:

22 (1)(a) Health carriers for each health plan shall provide
23 coverage for necessary anesthesia services for any procedure covered
24 by the health plan, regardless of the duration of anesthesia care.
25 Health carriers that provide coverage for anesthesia services may not
26 deny coverage for anesthesia services or impose any cap on the
27 reimbursement amount for anesthesia services on the basis that the
28 duration of a procedure for which anesthesia services are performed
29 exceeds a particular time limit.

30 (b) Reimbursement for anesthesia services by health carriers must
31 be determined based solely on necessity as assessed by the physician
32 or certified registered nurse anesthetist. Health carriers are
33 prohibited from:

34 (i) Denying payment or reimbursement for anesthesia services
35 solely because the duration of care exceeded a preset time limit;

36 (ii) Imposing arbitrary time-based limits or any other cap on
37 reimbursement for anesthesia services provided during procedures
38 requiring anesthesia care;

1 (iii) Imposing unilateral or arbitrary time limits on coverage or
2 reimbursement for anesthesia services; and

3 (iv) Establishing, implementing, or enforcing any policy,
4 practice, or procedure which restricts or excludes coverage or
5 payment of anesthesia time or places a cap on such reimbursement.

6 (2) For health plans issued on or after January 1, 2026, a health
7 carrier may not make a distinction or implement policies or practices
8 concerning verification of practice competency, coverage, billing
9 codes, billing modifiers, compensation, or reimbursement if the
10 physician or certified registered nurse anesthetist is acting within
11 the scope of their practice pursuant to their licensure and
12 certification, as both are equally authorized to independently
13 deliver anesthesia care within their scope of practice.

14 (a) All claims submitted for payment for anesthesia services must
15 identify the national provider identifier of the physician or
16 certified registered nurse anesthetist who provided the service.

17 (b) A health carrier may not reduce the reimbursement amount paid
18 to physicians or certified registered nurse anesthetists to comply
19 with this subsection.

20 (c) A health carrier may not discriminate against any health care
21 provider providing anesthesia services who is located within the
22 geographic coverage area of the health plan and who is willing to
23 meet the terms and conditions for participation established by the
24 health carrier as long as the terms and conditions are not more
25 restrictive or burdensome than what is required under state law.

26 (3) In addition to the commissioner's powers of enforcement
27 authorized under RCW 48.02.080, the commissioner is authorized to
28 take the following actions against health carriers that violate this
29 section:

30 (a) Impose civil monetary penalties as determined by the
31 commissioner in rule;

32 (b) Take additional corrective actions including, but not limited
33 to, requiring health carriers to reimburse for improperly denied
34 claims;

35 (c) Suspend or revoke the health carrier's license to operate
36 within the state of Washington for repeated or egregious violations;
37 or

38 (d) Require public disclosure of noncompliant health carriers,
39 including publication of violations on the office of the insurance
40 commissioner's website.

1 (4) Individuals and health care providers affected by violations
2 of this section may file a complaint with the office of the insurance
3 commissioner or pursue other remedies as provided under state law.

4 (5) Health carriers found in violation of the requirements in
5 this section by the commissioner shall provide restitution to
6 affected health care providers and enrollees, including compensatory
7 payments for any financial losses incurred as a result of
8 noncompliance as required by the commissioner.

9 (6) The commissioner shall adopt rules to administer and
10 implement this section.

11 **Sec. 3.** RCW 41.05.017 and 2024 c 251 s 5 and 2024 c 242 s 10 are
12 each reenacted and amended to read as follows:

13 Each health plan that provides medical insurance offered under
14 this chapter, including plans created by insuring entities, plans not
15 subject to the provisions of Title 48 RCW, and plans created under
16 RCW 41.05.140, are subject to the provisions of RCW 48.43.500,
17 70.02.045, 48.43.505 through 48.43.535, 48.43.537, 48.43.545,
18 48.43.550, 70.02.110, 70.02.900, 48.43.190, 48.43.083, 48.43.0128,
19 48.43.780, 48.43.435, 48.43.815, 48.200.020 through 48.200.280,
20 48.200.300 through 48.200.320, 48.43.440, section 2 of this act, and
21 chapter 48.49 RCW.

22 NEW SECTION. **Sec. 4.** A new section is added to chapter 74.09
23 RCW to read as follows:

24 (1)(a) The authority and medicaid managed care organizations
25 shall provide coverage for necessary anesthesia services for any
26 procedure covered by the health plan, regardless of the duration of
27 anesthesia care. The authority and medicaid managed care
28 organizations that provide coverage for anesthesia services may not
29 deny coverage for anesthesia services or impose any cap on the
30 reimbursement amount for anesthesia services on the basis that the
31 duration of a procedure for which anesthesia services are performed
32 exceeds a particular time limit.

33 (b) Reimbursement for anesthesia services by the authority and
34 medicaid managed care organizations must be determined based solely
35 on necessity as assessed by the physician or certified registered
36 nurse anesthetist. The authority and medicaid managed care
37 organizations are prohibited from:

1 (i) Denying payment or reimbursement for anesthesia services
2 solely because the duration of care exceeded a preset time limit;

3 (ii) Imposing arbitrary time-based limits or any other cap on
4 reimbursement for anesthesia services provided during procedures
5 requiring anesthesia care;

6 (iii) Imposing unilateral or arbitrary time limits on coverage or
7 reimbursement for anesthesia services; and

8 (iv) Establishing, implementing, or enforcing any policy,
9 practice, or procedure which restricts or excludes coverage or
10 payment of anesthesia time or places a cap on such reimbursement.

11 (2) Beginning January 1, 2026, the authority and medicaid managed
12 care organizations may not make a distinction or implement policies
13 or practices concerning verification of practice competency,
14 coverage, billing codes, billing modifiers, compensation, or
15 reimbursement if the physician or certified registered nurse
16 anesthetist is acting within the scope of their practice pursuant to
17 their licensure and certification, as both are equally authorized to
18 independently deliver anesthesia care within their scope of practice.

19 (a) All claims submitted for payment for anesthesia services must
20 identify the national provider identifier of the physician or
21 certified registered nurse anesthetist who provided the service.

22 (b) The authority and medicaid managed care organizations may not
23 reduce the reimbursement amount paid to physicians or certified
24 registered nurse anesthetists to comply with this subsection.

25 (c) The authority and medicaid managed care organizations may not
26 discriminate against any health care provider providing anesthesia
27 services who is located within the geographic coverage area of the
28 health plan and who is willing to meet the terms and conditions for
29 participation established by the authority or medicaid managed care
30 organization as long as the terms and conditions are not more
31 restrictive or burdensome than what is required under state or
32 federal law.

33 NEW SECTION. **Sec. 5.** This act is necessary for the immediate
34 preservation of the public peace, health, or safety, or support of
35 the state government and its existing public institutions, and takes
36 effect immediately.

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