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**SUBSTITUTE HOUSE BILL 2218**

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**State of Washington**

**69th Legislature**

**2026 Regular Session**

**By** House Labor & Workplace Standards (originally sponsored by Representatives Ortiz-Self, Abbarno, Ryu, Kloba, Parshley, Leavitt, Berry, Mena, Reed, Zahn, Goodman, Reeves, Waters, Macri, Fosse, Low, Hill, Pollet, and Davis)

READ FIRST TIME 02/04/26.

1 AN ACT Relating to access to medical care in workers'  
2 compensation; amending RCW 51.36.010, 51.36.010, and 51.36.010;  
3 adding a new section to chapter 51.36 RCW; adding a new section to  
4 chapter 51.44 RCW; creating new sections; providing effective dates;  
5 and providing expiration dates.

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

7 NEW SECTION. **Sec. 1.** A new section is added to chapter 51.36  
8 RCW to read as follows:

9 It is the intent of the legislature to increase access to medical  
10 treatment in workers' compensation including, but not limited to,  
11 making individualized determinations as to whether treatment for  
12 workplace injuries and occupational diseases is proper and necessary.

13 **Sec. 2.** RCW 51.36.010 and 2023 c 171 s 9 are each amended to  
14 read as follows:

15 (1) (a) The legislature finds that high quality medical treatment  
16 and adherence to occupational health best practices can prevent  
17 disability and reduce loss of family income for workers, and lower  
18 labor and insurance costs for employers. Injured workers deserve high  
19 quality medical care in accordance with current health care best  
20 practices. To this end, the department shall establish minimum

1 standards for providers who treat workers from both state fund and  
2 self-insured employers. The department shall establish a health care  
3 provider network to treat injured workers, and shall accept providers  
4 into the network who meet those minimum standards. The department  
5 shall convene an advisory group made up of representatives from or  
6 designees of the workers' compensation advisory committee and the  
7 industrial insurance medical and chiropractic advisory committees to  
8 consider and advise the department related to implementation of this  
9 section, including development of best practices treatment guidelines  
10 for providers in the network. The department shall also seek the  
11 input of various health care provider groups and associations  
12 concerning the network's implementation.

13 (b) Network providers must ((be required to)), when medically  
14 appropriate, follow the department's evidence-based coverage  
15 decisions and treatment guidelines, policies, and must ((be expected  
16 to)), when medically appropriate, follow other national treatment  
17 guidelines appropriate for their patient. The department, in  
18 collaboration with the advisory group, shall also establish  
19 additional best practice standards for providers to qualify for a  
20 second tier within the network, based on demonstrated use of  
21 occupational health best practices. This second tier is separate from  
22 and in addition to the centers for occupational health and education  
23 established under subsection (5) of this section.

24 (2) (a) Upon the occurrence of any injury to a worker entitled to  
25 compensation under the provisions of this title, he or she shall  
26 receive proper and necessary medical and surgical services at the  
27 hands of a physician, osteopathic physician, chiropractor,  
28 naturopath, podiatric physician, optometrist, dentist, licensed  
29 advanced registered nurse practitioner, physician assistant, or  
30 psychologist in claims solely for mental health conditions, of his or  
31 her own choice, if conveniently located, except as provided in (b) of  
32 this subsection, and proper and necessary hospital care and services  
33 during the period of his or her disability from such injury.

34 (b) Once the provider network is established in the worker's  
35 geographic area, an injured worker may receive care from a nonnetwork  
36 provider only for an initial office or emergency room visit. However,  
37 the department or self-insurer may limit reimbursement to the  
38 department's standard fee for the services. The provider must comply  
39 with all applicable billing policies and must accept the department's  
40 fee schedule as payment in full.

1 (c) The department, in collaboration with the advisory group,  
2 shall adopt policies for the development, credentialing,  
3 accreditation, and continued oversight of a network of health care  
4 providers approved to treat injured workers. Health care providers  
5 shall apply to the network by completing the department's provider  
6 application which shall have the force of a contract with the  
7 department to treat injured workers. The advisory group shall  
8 recommend minimum network standards for the department to approve a  
9 provider's application, to remove a provider from the network, or to  
10 require peer review such as, but not limited to:

11 (i) Current malpractice insurance coverage exceeding a dollar  
12 amount threshold, number, or seriousness of malpractice suits over a  
13 specific time frame;

14 (ii) Previous malpractice judgments or settlements that do not  
15 exceed a dollar amount threshold recommended by the advisory group,  
16 or a specific number or seriousness of malpractice suits over a  
17 specific time frame;

18 (iii) No licensing or disciplinary action in any jurisdiction or  
19 loss of treating or admitting privileges by any board, commission,  
20 agency, public or private health care payer, or hospital;

21 (iv) For some specialties such as surgeons, privileges in at  
22 least one hospital;

23 (v) Whether the provider has been credentialed by another health  
24 plan that follows national quality assurance guidelines; and

25 (vi) Alternative criteria for providers that are not credentialed  
26 by another health plan.

27 The department shall develop alternative criteria for providers  
28 that are not credentialed by another health plan or as needed to  
29 address access to care concerns in certain regions.

30 (d) Network provider contracts will automatically renew at the  
31 end of the contract period unless the department provides written  
32 notice of changes in contract provisions or the department or  
33 provider provides written notice of contract termination. The  
34 industrial insurance medical advisory committee shall develop  
35 criteria for removal of a provider from the network to be presented  
36 to the department and advisory group for consideration in the  
37 development of contract terms.

38 (e) In order to monitor quality of care and assure efficient  
39 management of the provider network, the department shall establish  
40 additional criteria and terms for network participation including,

1 but not limited to, requiring compliance with administrative and  
2 billing policies.

3 (f) The advisory group shall recommend best practices standards  
4 to the department to use in determining second tier network  
5 providers. The department shall develop and implement financial and  
6 nonfinancial incentives for network providers who qualify for the  
7 second tier. The department is authorized to certify and decertify  
8 second tier providers.

9 (3) The department shall work with self-insurers and the  
10 department utilization review provider to implement utilization  
11 review for the self-insured community to ensure consistent quality,  
12 cost-effective care for all injured workers and employers, and to  
13 reduce administrative burden for providers.

14 (4) The department for state fund claims shall pay, in accordance  
15 with the department's fee schedule, for any alleged injury for which  
16 a worker files a claim, any initial prescription drugs provided in  
17 relation to that initial visit, without regard to whether the  
18 worker's claim for benefits is allowed. In all accepted claims,  
19 treatment shall be limited in point of duration as follows:

20 In the case of permanent partial disability, not to extend beyond  
21 the date when compensation shall be awarded him or her, except when  
22 the worker returned to work before permanent partial disability award  
23 is made, in such case not to extend beyond the time when monthly  
24 allowances to him or her shall cease; in case of temporary disability  
25 not to extend beyond the time when monthly allowances to him or her  
26 shall cease: PROVIDED, That after any injured worker has returned to  
27 his or her work his or her medical and surgical treatment may be  
28 continued if, and so long as, such continuation is deemed necessary  
29 by the supervisor of industrial insurance to be necessary to his or  
30 her more complete recovery; in case of a permanent total disability  
31 not to extend beyond the date on which a lump sum settlement is made  
32 with him or her or he or she is placed upon the permanent pension  
33 roll: PROVIDED, HOWEVER, That the supervisor of industrial insurance,  
34 solely in his or her discretion, may authorize continued medical and  
35 surgical treatment for conditions previously accepted by the  
36 department when such medical and surgical treatment is deemed  
37 necessary by the supervisor of industrial insurance to protect such  
38 worker's life or provide for the administration of medical and  
39 therapeutic measures including payment of prescription medications,  
40 but not including those controlled substances currently scheduled by

1 the pharmacy quality assurance commission as Schedule I, II, III, or  
2 IV substances under chapter 69.50 RCW, which are necessary to  
3 alleviate continuing pain which results from the industrial injury.  
4 In order to authorize such continued treatment the written order of  
5 the supervisor of industrial insurance issued in advance of the  
6 continuation shall be necessary.

7 The supervisor of industrial insurance, the supervisor's  
8 designee, or a self-insurer, in his or her sole discretion, may  
9 authorize inoculation or other immunological treatment in cases in  
10 which a work-related activity has resulted in probable exposure of  
11 the worker to a potential infectious occupational disease.  
12 Authorization of such treatment does not bind the department or self-  
13 insurer in any adjudication of a claim by the same worker or the  
14 worker's beneficiary for an occupational disease.

15 (5) (a) The legislature finds that the department and its business  
16 and labor partners have collaborated in establishing centers for  
17 occupational health and education to promote best practices and  
18 prevent preventable disability by focusing additional provider-based  
19 resources during the first twelve weeks following an injury. The  
20 centers for occupational health and education represent innovative  
21 accountable care systems in an early stage of development consistent  
22 with national health care reform efforts. Many Washington workers do  
23 not yet have access to these innovative health care delivery models.

24 (b) To expand evidence-based occupational health best practices,  
25 the department shall establish additional centers for occupational  
26 health and education, with the goal of extending access to at least  
27 fifty percent of injured and ill workers by December 2013 and to all  
28 injured workers by December 2015. The department shall also develop  
29 additional best practices and incentives that span the entire period  
30 of recovery, not only the first twelve weeks.

31 (c) The department shall certify and decertify centers for  
32 occupational health and education based on criteria including  
33 institutional leadership and geographic areas covered by the center  
34 for occupational health and education, occupational health leadership  
35 and education, mix of participating health care providers necessary  
36 to address the anticipated needs of injured workers, health services  
37 coordination to deliver occupational health best practices,  
38 indicators to measure the success of the center for occupational  
39 health and education, and agreement that the center's providers

1 shall, if feasible, treat certain injured workers if referred by the  
2 department or a self-insurer.

3 (d) Health care delivery organizations may apply to the  
4 department for certification as a center for occupational health and  
5 education. These may include, but are not limited to, hospitals and  
6 affiliated clinics and providers, multispecialty clinics, health  
7 maintenance organizations, and organized systems of network  
8 physicians.

9 (e) The centers for occupational health and education shall  
10 implement benchmark quality indicators of occupational health best  
11 practices for individual providers, developed in collaboration with  
12 the department. A center for occupational health and education shall  
13 remove individual providers who do not consistently meet these  
14 quality benchmarks.

15 (f) The department shall develop and implement financial and  
16 nonfinancial incentives for center for occupational health and  
17 education providers that are based on progressive and measurable  
18 gains in occupational health best practices, and that are applicable  
19 throughout the duration of an injured or ill worker's episode of  
20 care.

21 (g) The department shall develop electronic methods of tracking  
22 evidence-based quality measures to identify and improve outcomes for  
23 injured workers at risk of developing prolonged disability. In  
24 addition, these methods must be used to provide systematic feedback  
25 to physicians regarding quality of care, to conduct appropriate  
26 objective evaluation of progress in the centers for occupational  
27 health and education, and to allow efficient coordination of  
28 services.

29 (6) If a provider fails to meet the minimum network standards  
30 established in subsection (2) of this section, the department is  
31 authorized to remove the provider from the network or take other  
32 appropriate action regarding a provider's participation. The  
33 department may also require remedial steps as a condition for a  
34 provider to participate in the network. The department, with input  
35 from the advisory group, shall establish waiting periods that may be  
36 imposed before a provider who has been denied or removed from the  
37 network may reapply.

38 (7) The department may permanently remove a provider from the  
39 network or take other appropriate action when the provider exhibits a  
40 pattern of conduct of low quality care that exposes patients to risk

1 of physical or psychiatric harm or death. Patterns that qualify as  
2 risk of harm include, but are not limited to, poor health care  
3 outcomes evidenced by increased, chronic, or prolonged pain or  
4 decreased function due to treatments that have not been shown to be  
5 curative, safe, or effective or for which it has been shown that the  
6 risks of harm exceed the benefits that can be reasonably expected  
7 based on peer-reviewed opinion.

8 (8) The department may not remove a health care provider from the  
9 network for an isolated instance of poor health and recovery outcomes  
10 due to treatment by the provider.

11 (9) When the department terminates a provider from the network,  
12 the department or self-insurer shall assist an injured worker  
13 currently under the provider's care in identifying a new network  
14 provider or providers from whom the worker can select an attending or  
15 treating provider. In such a case, the department or self-insurer  
16 shall notify the injured worker that he or she must choose a new  
17 attending or treating provider.

18 (10) The department may adopt rules related to this section.

19 (11) The department shall report to the workers' compensation  
20 advisory committee and to the appropriate committees of the  
21 legislature on each December 1st, beginning in 2012 and ending in  
22 2016, on the implementation of the provider network and expansion of  
23 the centers for occupational health and education. The reports must  
24 include a summary of actions taken, progress toward long-term goals,  
25 outcomes of key initiatives, access to care issues, results of  
26 disputes or controversies related to new provisions, and whether any  
27 changes are needed to further improve the occupational health best  
28 practices care of injured workers.

29 **Sec. 3.** RCW 51.36.010 and 2025 c 58 s 5117 are each amended to  
30 read as follows:

31 (1) (a) The legislature finds that high quality medical treatment  
32 and adherence to occupational health best practices can prevent  
33 disability and reduce loss of family income for workers, and lower  
34 labor and insurance costs for employers. Injured workers deserve high  
35 quality medical care in accordance with current health care best  
36 practices. To this end, the department shall establish minimum  
37 standards for providers who treat workers from both state fund and  
38 self-insured employers. The department shall establish a health care  
39 provider network to treat injured workers, and shall accept providers

1 into the network who meet those minimum standards. The department  
2 shall convene an advisory group made up of representatives from or  
3 designees of the workers' compensation advisory committee and the  
4 industrial insurance medical and chiropractic advisory committees to  
5 consider and advise the department related to implementation of this  
6 section, including development of best practices treatment guidelines  
7 for providers in the network. The department shall also seek the  
8 input of various health care provider groups and associations  
9 concerning the network's implementation.

10 (b) Network providers must ((be required to)), when medically  
11 appropriate, follow the department's evidence-based coverage  
12 decisions and treatment guidelines, policies, and must ~~((be expected~~  
13 ~~to))~~, when medically appropriate, follow other national treatment  
14 guidelines appropriate for their patient. The department, in  
15 collaboration with the advisory group, shall also establish  
16 additional best practice standards for providers to qualify for a  
17 second tier within the network, based on demonstrated use of  
18 occupational health best practices. This second tier is separate from  
19 and in addition to the centers for occupational health and education  
20 established under subsection (5) of this section.

21 (2) (a) Upon the occurrence of any injury to a worker entitled to  
22 compensation under the provisions of this title, he or she shall  
23 receive proper and necessary medical and surgical services at the  
24 hands of a physician, osteopathic physician, chiropractor,  
25 naturopath, podiatric physician, optometrist, dentist, licensed  
26 advanced practice registered nurse, physician assistant, or  
27 psychologist in claims solely for mental health conditions, of his or  
28 her own choice, if conveniently located, except as provided in (b) of  
29 this subsection, and proper and necessary hospital care and services  
30 during the period of his or her disability from such injury.

31 (b) Once the provider network is established in the worker's  
32 geographic area, an injured worker may receive care from a nonnetwork  
33 provider only for an initial office or emergency room visit. However,  
34 the department or self-insurer may limit reimbursement to the  
35 department's standard fee for the services. The provider must comply  
36 with all applicable billing policies and must accept the department's  
37 fee schedule as payment in full.

38 (c) The department, in collaboration with the advisory group,  
39 shall adopt policies for the development, credentialing,  
40 accreditation, and continued oversight of a network of health care

1 providers approved to treat injured workers. Health care providers  
2 shall apply to the network by completing the department's provider  
3 application which shall have the force of a contract with the  
4 department to treat injured workers. The advisory group shall  
5 recommend minimum network standards for the department to approve a  
6 provider's application, to remove a provider from the network, or to  
7 require peer review such as, but not limited to:

8 (i) Current malpractice insurance coverage exceeding a dollar  
9 amount threshold, number, or seriousness of malpractice suits over a  
10 specific time frame;

11 (ii) Previous malpractice judgments or settlements that do not  
12 exceed a dollar amount threshold recommended by the advisory group,  
13 or a specific number or seriousness of malpractice suits over a  
14 specific time frame;

15 (iii) No licensing or disciplinary action in any jurisdiction or  
16 loss of treating or admitting privileges by any board, commission,  
17 agency, public or private health care payer, or hospital;

18 (iv) For some specialties such as surgeons, privileges in at  
19 least one hospital;

20 (v) Whether the provider has been credentialed by another health  
21 plan that follows national quality assurance guidelines; and

22 (vi) Alternative criteria for providers that are not credentialed  
23 by another health plan.

24 The department shall develop alternative criteria for providers  
25 that are not credentialed by another health plan or as needed to  
26 address access to care concerns in certain regions.

27 (d) Network provider contracts will automatically renew at the  
28 end of the contract period unless the department provides written  
29 notice of changes in contract provisions or the department or  
30 provider provides written notice of contract termination. The  
31 industrial insurance medical advisory committee shall develop  
32 criteria for removal of a provider from the network to be presented  
33 to the department and advisory group for consideration in the  
34 development of contract terms.

35 (e) In order to monitor quality of care and assure efficient  
36 management of the provider network, the department shall establish  
37 additional criteria and terms for network participation including,  
38 but not limited to, requiring compliance with administrative and  
39 billing policies.

1 (f) The advisory group shall recommend best practices standards  
2 to the department to use in determining second tier network  
3 providers. The department shall develop and implement financial and  
4 nonfinancial incentives for network providers who qualify for the  
5 second tier. The department is authorized to certify and decertify  
6 second tier providers.

7 (3) The department shall work with self-insurers and the  
8 department utilization review provider to implement utilization  
9 review for the self-insured community to ensure consistent quality,  
10 cost-effective care for all injured workers and employers, and to  
11 reduce administrative burden for providers.

12 (4) The department for state fund claims shall pay, in accordance  
13 with the department's fee schedule, for any alleged injury for which  
14 a worker files a claim, any initial prescription drugs provided in  
15 relation to that initial visit, without regard to whether the  
16 worker's claim for benefits is allowed. In all accepted claims,  
17 treatment shall be limited in point of duration as follows:

18 In the case of permanent partial disability, not to extend beyond  
19 the date when compensation shall be awarded him or her, except when  
20 the worker returned to work before permanent partial disability award  
21 is made, in such case not to extend beyond the time when monthly  
22 allowances to him or her shall cease; in case of temporary disability  
23 not to extend beyond the time when monthly allowances to him or her  
24 shall cease: PROVIDED, That after any injured worker has returned to  
25 his or her work his or her medical and surgical treatment may be  
26 continued if, and so long as, such continuation is deemed necessary  
27 by the supervisor of industrial insurance to be necessary to his or  
28 her more complete recovery; in case of a permanent total disability  
29 not to extend beyond the date on which a lump sum settlement is made  
30 with him or her or he or she is placed upon the permanent pension  
31 roll: PROVIDED, HOWEVER, That the supervisor of industrial insurance,  
32 solely in his or her discretion, may authorize continued medical and  
33 surgical treatment for conditions previously accepted by the  
34 department when such medical and surgical treatment is deemed  
35 necessary by the supervisor of industrial insurance to protect such  
36 worker's life or provide for the administration of medical and  
37 therapeutic measures including payment of prescription medications,  
38 but not including those controlled substances currently scheduled by  
39 the pharmacy quality assurance commission as Schedule I, II, III, or  
40 IV substances under chapter 69.50 RCW, which are necessary to

1 alleviate continuing pain which results from the industrial injury.  
2 In order to authorize such continued treatment the written order of  
3 the supervisor of industrial insurance issued in advance of the  
4 continuation shall be necessary.

5 The supervisor of industrial insurance, the supervisor's  
6 designee, or a self-insurer, in his or her sole discretion, may  
7 authorize inoculation or other immunological treatment in cases in  
8 which a work-related activity has resulted in probable exposure of  
9 the worker to a potential infectious occupational disease.  
10 Authorization of such treatment does not bind the department or self-  
11 insurer in any adjudication of a claim by the same worker or the  
12 worker's beneficiary for an occupational disease.

13 (5) (a) The legislature finds that the department and its business  
14 and labor partners have collaborated in establishing centers for  
15 occupational health and education to promote best practices and  
16 prevent preventable disability by focusing additional provider-based  
17 resources during the first twelve weeks following an injury. The  
18 centers for occupational health and education represent innovative  
19 accountable care systems in an early stage of development consistent  
20 with national health care reform efforts. Many Washington workers do  
21 not yet have access to these innovative health care delivery models.

22 (b) To expand evidence-based occupational health best practices,  
23 the department shall establish additional centers for occupational  
24 health and education, with the goal of extending access to at least  
25 fifty percent of injured and ill workers by December 2013 and to all  
26 injured workers by December 2015. The department shall also develop  
27 additional best practices and incentives that span the entire period  
28 of recovery, not only the first twelve weeks.

29 (c) The department shall certify and decertify centers for  
30 occupational health and education based on criteria including  
31 institutional leadership and geographic areas covered by the center  
32 for occupational health and education, occupational health leadership  
33 and education, mix of participating health care providers necessary  
34 to address the anticipated needs of injured workers, health services  
35 coordination to deliver occupational health best practices,  
36 indicators to measure the success of the center for occupational  
37 health and education, and agreement that the center's providers  
38 shall, if feasible, treat certain injured workers if referred by the  
39 department or a self-insurer.

1 (d) Health care delivery organizations may apply to the  
2 department for certification as a center for occupational health and  
3 education. These may include, but are not limited to, hospitals and  
4 affiliated clinics and providers, multispecialty clinics, health  
5 maintenance organizations, and organized systems of network  
6 physicians.

7 (e) The centers for occupational health and education shall  
8 implement benchmark quality indicators of occupational health best  
9 practices for individual providers, developed in collaboration with  
10 the department. A center for occupational health and education shall  
11 remove individual providers who do not consistently meet these  
12 quality benchmarks.

13 (f) The department shall develop and implement financial and  
14 nonfinancial incentives for center for occupational health and  
15 education providers that are based on progressive and measurable  
16 gains in occupational health best practices, and that are applicable  
17 throughout the duration of an injured or ill worker's episode of  
18 care.

19 (g) The department shall develop electronic methods of tracking  
20 evidence-based quality measures to identify and improve outcomes for  
21 injured workers at risk of developing prolonged disability. In  
22 addition, these methods must be used to provide systematic feedback  
23 to physicians regarding quality of care, to conduct appropriate  
24 objective evaluation of progress in the centers for occupational  
25 health and education, and to allow efficient coordination of  
26 services.

27 (6) If a provider fails to meet the minimum network standards  
28 established in subsection (2) of this section, the department is  
29 authorized to remove the provider from the network or take other  
30 appropriate action regarding a provider's participation. The  
31 department may also require remedial steps as a condition for a  
32 provider to participate in the network. The department, with input  
33 from the advisory group, shall establish waiting periods that may be  
34 imposed before a provider who has been denied or removed from the  
35 network may reapply.

36 (7) The department may permanently remove a provider from the  
37 network or take other appropriate action when the provider exhibits a  
38 pattern of conduct of low quality care that exposes patients to risk  
39 of physical or psychiatric harm or death. Patterns that qualify as  
40 risk of harm include, but are not limited to, poor health care

1 outcomes evidenced by increased, chronic, or prolonged pain or  
2 decreased function due to treatments that have not been shown to be  
3 curative, safe, or effective or for which it has been shown that the  
4 risks of harm exceed the benefits that can be reasonably expected  
5 based on peer-reviewed opinion.

6 (8) The department may not remove a health care provider from the  
7 network for an isolated instance of poor health and recovery outcomes  
8 due to treatment by the provider.

9 (9) When the department terminates a provider from the network,  
10 the department or self-insurer shall assist an injured worker  
11 currently under the provider's care in identifying a new network  
12 provider or providers from whom the worker can select an attending or  
13 treating provider. In such a case, the department or self-insurer  
14 shall notify the injured worker that he or she must choose a new  
15 attending or treating provider.

16 (10) The department may adopt rules related to this section.

17 (11) The department shall report to the workers' compensation  
18 advisory committee and to the appropriate committees of the  
19 legislature on each December 1st, beginning in 2012 and ending in  
20 2016, on the implementation of the provider network and expansion of  
21 the centers for occupational health and education. The reports must  
22 include a summary of actions taken, progress toward long-term goals,  
23 outcomes of key initiatives, access to care issues, results of  
24 disputes or controversies related to new provisions, and whether any  
25 changes are needed to further improve the occupational health best  
26 practices care of injured workers.

27 **Sec. 4.** RCW 51.36.010 and 2025 c 58 s 5117 are each amended to  
28 read as follows:

29 (1) (a) The legislature finds that high quality medical treatment  
30 and adherence to occupational health best practices can prevent  
31 disability and reduce loss of family income for workers, and lower  
32 labor and insurance costs for employers. Injured workers deserve high  
33 quality medical care in accordance with current health care best  
34 practices. To this end, the department shall establish minimum  
35 standards for providers who treat workers from both state fund and  
36 self-insured employers. The department shall establish a health care  
37 provider network to treat injured workers, and shall accept providers  
38 into the network who meet those minimum standards. The department  
39 shall convene an advisory group made up of representatives from or

1 designees of the workers' compensation advisory committee and the  
2 industrial insurance medical and chiropractic advisory committees to  
3 consider and advise the department related to implementation of this  
4 section, including development of best practices treatment guidelines  
5 for providers in the network. The department shall also seek the  
6 input of various health care provider groups and associations  
7 concerning the network's implementation.

8 (b) Network providers must ((be required to)), when medically  
9 appropriate, follow the department's evidence-based coverage  
10 decisions and treatment guidelines, policies, and must ((be expected  
11 to)), when medically appropriate, follow other national treatment  
12 guidelines appropriate for their patient. The department, in  
13 collaboration with the advisory group, shall also establish  
14 additional best practice standards for providers to qualify for a  
15 second tier within the network, based on demonstrated use of  
16 occupational health best practices. This second tier is separate from  
17 and in addition to the centers for occupational health and education  
18 established under subsection (5) of this section.

19 (2) (a) (i) Upon the occurrence of any injury to a worker entitled  
20 to compensation under the provisions of this title, ((he or she)) the  
21 worker shall receive proper and necessary medical and surgical  
22 services at the hands of a physician, osteopathic physician,  
23 chiropractor, naturopath, podiatric physician, optometrist, dentist,  
24 licensed advanced practice registered nurse, physician assistant, or  
25 psychologist in claims solely for mental health conditions, of ((his  
26 or her)) the worker's own choice, if conveniently located, except as  
27 provided in (b) of this subsection, and proper and necessary hospital  
28 care and services during the period of ((his or her)) the worker's  
29 disability from such injury.

30 (ii) Upon notice of an injury, an employer must inform the  
31 injured worker that the worker has a right to seek initial treatment  
32 or emergency medical treatment with a provider of the worker's own  
33 choice and that the worker has a right to seek further treatment with  
34 a provider of the worker's own choice from within the medical  
35 provider network. An employer is prohibited from requiring or  
36 inducing an injured worker to seek medical treatment from a specific  
37 provider or clinic. Nothing in this subsection (2) prevents an  
38 employer from providing on-site medical care to a worker at the  
39 worker's own choice. The department shall investigate any allegation  
40 that an employer attempted to require or induce an injured worker to

1 seek treatment from a specific provider or clinic. A violation of  
2 this subsection (2) by a self-insured employer is a violation of RCW  
3 51.14.180. A violation of this subsection (2) by an employer insured  
4 through the state subjects the employer to a penalty pursuant to RCW  
5 51.28.025(2).

6 (b) (~~Onee~~) Except as provided in (g) of this subsection, once  
7 the provider network is established in the worker's geographic area,  
8 an injured worker may receive care from a nonnetwork provider only  
9 for an initial office or emergency room visit. However, the  
10 department or self-insurer may limit reimbursement to the  
11 department's standard fee for the services. The provider must comply  
12 with all applicable billing policies and must accept the department's  
13 fee schedule as payment in full.

14 (c) The department, in collaboration with the advisory group,  
15 shall adopt policies for the development, credentialing,  
16 accreditation, and continued oversight of a network of health care  
17 providers approved to treat injured workers. Health care providers  
18 shall apply to the network by completing the department's provider  
19 application which shall have the force of a contract with the  
20 department to treat injured workers. The advisory group shall  
21 recommend minimum network standards for the department to approve a  
22 provider's application, to remove a provider from the network, or to  
23 require peer review such as, but not limited to:

24 (i) Current malpractice insurance coverage exceeding a dollar  
25 amount threshold, number, or seriousness of malpractice suits over a  
26 specific time frame;

27 (ii) Previous malpractice judgments or settlements that do not  
28 exceed a dollar amount threshold recommended by the advisory group,  
29 or a specific number or seriousness of malpractice suits over a  
30 specific time frame;

31 (iii) No licensing or disciplinary action in any jurisdiction or  
32 loss of treating or admitting privileges by any board, commission,  
33 agency, public or private health care payer, or hospital;

34 (iv) For some specialties such as surgeons, privileges in at  
35 least one hospital;

36 (v) Whether the provider has been credentialed by another health  
37 plan that follows national quality assurance guidelines; and

38 (vi) Alternative criteria for providers that are not credentialed  
39 by another health plan.

1 The department shall develop alternative criteria for providers  
2 that are not credentialed by another health plan or as needed to  
3 address access to care concerns in certain regions.

4 (d) Network provider contracts will automatically renew at the  
5 end of the contract period unless the department provides written  
6 notice of changes in contract provisions or the department or  
7 provider provides written notice of contract termination. The  
8 industrial insurance medical advisory committee shall develop  
9 criteria for removal of a provider from the network to be presented  
10 to the department and advisory group for consideration in the  
11 development of contract terms.

12 (e) In order to monitor quality of care and assure efficient  
13 management of the provider network, the department shall establish  
14 additional criteria and terms for network participation including,  
15 but not limited to, requiring compliance with administrative and  
16 billing policies.

17 (f) The advisory group shall recommend best practices standards  
18 to the department to use in determining second tier network  
19 providers. The department shall develop and implement financial and  
20 nonfinancial incentives for network providers who qualify for the  
21 second tier. The department is authorized to certify and decertify  
22 second tier providers.

23 (g)(i) If a worker is unable to find a provider in the medical  
24 provider network who is willing to treat the worker within 15 or 30  
25 miles of the worker's home, as provided in (a) or (b) of this  
26 subsection (2), the worker may provide notice of this fact to the  
27 department or self-insured employer. Within 10 calendar days of  
28 receiving such notice, the department or self-insured employer shall  
29 send the worker a declaration developed by the department to sign  
30 certifying this fact. Upon receipt of the signed declaration, the  
31 department or self-insured employer will have 10 calendar days to  
32 assist the worker in finding a provider in the medical provider  
33 network or who agrees to join the medical provider network to treat  
34 the worker. If no provider is found, the worker may seek treatment  
35 from a nonnetwork provider:

36 (A) Within 15 miles of the worker's home, if the worker resides  
37 in a county with a population of 500,000 or more, and if the provider  
38 agrees to be paid in accordance with the department's medical aid  
39 rules and fee schedules and sign a nonnetwork provider agreement. The  
40 department or self-insured employer shall pay for such treatment in

1 accordance with the department's medical aid rules and fee schedules;  
2 or

3 (B) Within 30 miles of the worker's home, if the worker resides  
4 in a county with a population of less than 500,000, and if the  
5 provider agrees to be paid in accordance with the department's  
6 medical aid rules and fee schedules and sign a nonnetwork provider  
7 agreement. The department or self-insured employer shall pay for such  
8 treatment in accordance with the department's medical aid rules and  
9 fee schedules; and

10 (ii) If the worker has met the conditions of (g)(i)(A) or (B) of  
11 this subsection (2), the worker may immediately receive treatment  
12 from a nonnetwork provider, regardless of whether the provider has  
13 completed a nonnetwork provider agreement or application to the  
14 medical provider network. Provision of treatment to the worker serves  
15 as the provider's agreement to follow the department's medical aid  
16 rules and fee schedules.

17 (3) (a) The department shall work with self-insurers and the  
18 department utilization review provider to implement utilization  
19 review for the self-insured community to ensure consistent quality,  
20 cost-effective care for all injured workers and employers, and to  
21 reduce administrative burden for providers.

22 (b) Any utilization review must be completed, and recommendations  
23 sent to the department, within 10 business days of the date the  
24 utilization review provider receives all requested information  
25 necessary to make the treatment recommendation or the treatment must  
26 be authorized. If there is a question as to whether the treatment  
27 authorized pursuant to this subsection (3) is for a condition related  
28 to the worker's injury or occupational disease, the department shall  
29 adjudicate whether that condition is related by issuing an order in  
30 compliance with RCW 51.52.050 within 30 days of the deadline for  
31 completion of the utilization review.

32 (4) (a) The department for state fund claims shall pay, in  
33 accordance with the department's fee schedule, for any alleged injury  
34 for which a worker files a claim, any initial prescription drugs  
35 provided in relation to that initial visit, without regard to whether  
36 the worker's claim for benefits is allowed.

37 (b) In all accepted claims, treatment shall be limited in point  
38 of duration as follows:

39 (i) In the case of permanent partial disability, not to extend  
40 beyond the date when compensation shall be awarded (~~him or her~~) the

1 worker, except when the worker returned to work before permanent  
2 partial disability award is made, in such case not to extend beyond  
3 the time when monthly allowances to ~~((him or her))~~ the worker shall  
4 cease(~~(; in))~~).

5 (ii) In the case of temporary disability not to extend beyond the  
6 time when monthly allowances to ~~((him or her))~~ the worker shall  
7 cease: PROVIDED, That after any injured worker has returned to ~~((his~~  
8 ~~or her))~~ the worker's work ~~((his or her))~~, the worker's medical and  
9 surgical treatment may be continued if, and so long as, such  
10 continuation is deemed necessary by the supervisor of industrial  
11 insurance to be necessary to ~~((his or her))~~ the worker's more  
12 complete recovery(~~(; in))~~).

13 (iii) In the case of permanent partial disability, not to extend  
14 beyond the date on which a lump sum payment or initial payment of the  
15 permanent partial disability award is made with the worker: PROVIDED,  
16 HOWEVER, If the department denies an application under RCW  
17 51.32.160(1), on the same order denying the application, the  
18 department may authorize continued medical and surgical treatment for  
19 conditions previously accepted by the department when such medical  
20 and surgical treatment is necessary to protect such worker's life or  
21 provide for the administration of medical and therapeutic measures  
22 including payment of prescription medications, but not including  
23 those controlled substances currently scheduled by the pharmacy  
24 quality assurance commission as Schedule I, II, III, or IV substances  
25 under chapter 69.50 RCW, which are necessary to alleviate continuing  
26 pain which results from the industrial injury. In order to authorize  
27 such continued treatment, the department must receive a request for  
28 approval of the treatment within 120 days of the worker's receipt of  
29 the treatment, and the written order of the supervisor of industrial  
30 insurance is necessary.

31 (iv) In the case of a permanent total disability not to extend  
32 beyond the date on which a lump sum settlement is made with ~~((him or~~  
33 ~~her or he or she))~~ the worker, or the worker is placed upon the  
34 permanent pension roll: PROVIDED, HOWEVER, That the supervisor of  
35 industrial insurance, solely in ~~((his or her))~~ the supervisor's  
36 discretion, may authorize continued medical and surgical treatment  
37 for conditions previously accepted by the department when such  
38 medical and surgical treatment is deemed necessary by the supervisor  
39 of industrial insurance ~~((to protect such worker's life or provide~~  
40 ~~for the administration of medical and therapeutic measures including~~

1 ~~payment of prescription medications, but not including those~~  
2 ~~controlled substances currently scheduled by the pharmacy quality~~  
3 ~~assurance commission as Schedule I, II, III, or IV substances under~~  
4 ~~chapter 69.50 RCW, which are necessary to alleviate continuing pain~~  
5 ~~which results from the industrial injury. In order to authorize such~~  
6 ~~continued treatment the written order of the supervisor of industrial~~  
7 ~~insurance issued in advance of the continuation shall be necessary)).~~  
8 In order to authorize such continued treatment, the department must  
9 receive a request for approval of the treatment within 120 days of  
10 the worker's receipt of the treatment, and the written order of the  
11 supervisor of industrial insurance is necessary.

12 (v) Where cancer is an accepted diagnosis, the department or  
13 self-insured employer, as the case may be, shall continue to pay for  
14 monitoring of the diagnosis at a frequency recommended by the  
15 worker's treating oncologist. The monitoring must include all  
16 necessary diagnostic studies and associated medical consultations.

17 (c) The supervisor of industrial insurance, the supervisor's  
18 designee, or a self-insurer, in ((his or her)) their sole discretion,  
19 may authorize inoculation or other immunological treatment in cases  
20 in which a work-related activity has resulted in probable exposure of  
21 the worker to a potential infectious occupational disease.  
22 Authorization of such treatment does not bind the department or self-  
23 insurer in any adjudication of a claim by the same worker or the  
24 worker's beneficiary for an occupational disease.

25 (d) Nothing in this section prevents a worker from reopening the  
26 worker's claim pursuant to RCW 51.32.160.

27 (5) (a) The legislature finds that the department and its business  
28 and labor partners have collaborated in establishing centers for  
29 occupational health and education to promote best practices and  
30 prevent preventable disability by focusing additional provider-based  
31 resources during the first twelve weeks following an injury. The  
32 centers for occupational health and education represent innovative  
33 accountable care systems in an early stage of development consistent  
34 with national health care reform efforts. Many Washington workers do  
35 not yet have access to these innovative health care delivery models.

36 ~~(b) ((To expand evidence-based occupational health best~~  
37 ~~practices, the department shall establish additional centers for~~  
38 ~~occupational health and education, with the goal of extending access~~  
39 ~~to at least fifty percent of injured and ill workers by December 2013~~  
40 ~~and to all injured workers by December 2015.))~~ The department shall

1 ((also)) develop additional best practices and incentives that span  
2 the entire period of recovery, not only the first twelve weeks.

3 (c) The department shall certify and decertify centers for  
4 occupational health and education based on criteria including  
5 institutional leadership and geographic areas covered by the center  
6 for occupational health and education, occupational health leadership  
7 and education, mix of participating health care providers necessary  
8 to address the anticipated needs of injured workers, health services  
9 coordination to deliver occupational health best practices,  
10 indicators to measure the success of the center for occupational  
11 health and education, and agreement that the center's providers  
12 shall, if feasible, treat certain injured workers if referred by the  
13 department or a self-insurer.

14 (d) Health care delivery organizations may apply to the  
15 department for certification as a center for occupational health and  
16 education. These may include, but are not limited to, hospitals and  
17 affiliated clinics and providers, multispecialty clinics, health  
18 maintenance organizations, and organized systems of network  
19 physicians.

20 (e) The centers for occupational health and education shall  
21 implement benchmark quality indicators of occupational health best  
22 practices for individual providers, developed in collaboration with  
23 the department. A center for occupational health and education shall  
24 remove individual providers who do not consistently meet these  
25 quality benchmarks.

26 (f) The department shall develop and implement financial and  
27 nonfinancial incentives for center for occupational health and  
28 education providers that are based on progressive and measurable  
29 gains in occupational health best practices, and that are applicable  
30 throughout the duration of an injured or ill worker's episode of  
31 care.

32 (g) The department shall develop electronic methods of tracking  
33 evidence-based quality measures to identify and improve outcomes for  
34 injured workers at risk of developing prolonged disability. In  
35 addition, these methods must be used to provide systematic feedback  
36 to physicians regarding quality of care, to conduct appropriate  
37 objective evaluation of progress in the centers for occupational  
38 health and education, and to allow efficient coordination of  
39 services.

1 (6) (a) If a provider fails to meet the minimum network standards  
2 established in subsection (2) of this section, the department is  
3 authorized to remove the provider from the network or take other  
4 appropriate action regarding a provider's participation. The  
5 department may also require remedial steps as a condition for a  
6 provider to participate in the network. The department, with input  
7 from the advisory group, shall establish waiting periods that may be  
8 imposed before a provider who has been denied or removed from the  
9 network may reapply.

10 ~~((7))~~ (b) The department may permanently remove a provider from  
11 the network or take other appropriate action when the provider  
12 exhibits a pattern of conduct of low quality care that exposes  
13 patients to risk of physical or psychiatric harm or death. Patterns  
14 that qualify as risk of harm include, but are not limited to, poor  
15 health care outcomes evidenced by increased, chronic, or prolonged  
16 pain or decreased function due to treatments that have not been shown  
17 to be curative, safe, or effective or for which it has been shown  
18 that the risks of harm exceed the benefits that can be reasonably  
19 expected based on peer-reviewed opinion.

20 ~~((8))~~ (c) The department may not remove a health care provider  
21 from the network for an isolated instance of poor health and recovery  
22 outcomes due to treatment by the provider.

23 ~~((9))~~ (d) When the department terminates a provider from the  
24 network, the department or self-insurer shall assist an injured  
25 worker currently under the provider's care in identifying a new  
26 network provider or providers from whom the worker can select an  
27 attending or treating provider. In such a case, the department or  
28 self-insurer shall notify the injured worker that ~~((he or she))~~ the  
29 worker must choose a new attending or treating provider.

30 ~~((10))~~ (e) Any action taken by the department to remove a  
31 provider or terminate a provider from the network must be done in  
32 writing. The provider may appeal such action to the board of  
33 industrial insurance appeals pursuant to chapter 51.52 RCW.

34 (7) The department may adopt rules related to this section.

35 ~~((11) The department shall report to the workers' compensation~~  
36 ~~advisory committee and to the appropriate committees of the~~  
37 ~~legislature on each December 1st, beginning in 2012 and ending in~~  
38 ~~2016, on the implementation of the provider network and expansion of~~  
39 ~~the centers for occupational health and education. The reports must~~  
40 ~~include a summary of actions taken, progress toward long-term goals,~~

1 ~~outcomes of key initiatives, access to care issues, results of~~  
2 ~~disputes or controversies related to new provisions, and whether any~~  
3 ~~changes are needed to further improve the occupational health best~~  
4 ~~practices care of injured workers.))~~

5 NEW SECTION. **Sec. 5.** A new section is added to chapter 51.44  
6 RCW to read as follows:

7 (1) In order to improve the timely management of claims, the  
8 department is authorized to hire additional claims managers to the  
9 extent necessary to reach the recommended average claims case load of  
10 141 claims per claims manager, as identified in the June 2015  
11 consultant's report for the joint legislative audit and review  
12 committee. Moneys used to hire and retain additional claims managers  
13 is subject to the allotment of all expenditures pursuant to chapter  
14 43.88 RCW. However, an appropriation is not required for  
15 expenditures. Expenditures include the salaries and expenses of  
16 additional claims managers.

17 (2) If the department hires additional claims managers under this  
18 section, the department must implement procedures to reduce the case  
19 load of claims managers and implement more frequent reviews of cases  
20 by claims managers.

21 NEW SECTION. **Sec. 6.** This act applies to all claims regardless  
22 of the date of injury or manifestation.

23 NEW SECTION. **Sec. 7.** Section 2 of this act expires June 30,  
24 2027.

25 NEW SECTION. **Sec. 8.** Section 3 of this act takes effect June  
26 30, 2027.

27 NEW SECTION. **Sec. 9.** Section 3 of this act expires January 1,  
28 2028.

29 NEW SECTION. **Sec. 10.** Section 4 of this act takes effect  
30 January 1, 2028.

1        NEW SECTION.    **Sec. 11.**    Section 4 of this act applies to  
2 treatment decisions made on or after the effective date of that  
3 section.

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