
SUBSTITUTE SENATE BILL 5847

State of Washington

69th Legislature

2026 Regular Session

By Senate Labor & Commerce (originally sponsored by Senators Saldaña, Harris, Alvarado, Trudeau, Bateman, Conway, Hasegawa, Lovelett, Nobles, Orwall, Riccelli, Shewmake, Stanford, Valdez, and C. Wilson)

READ FIRST TIME 02/02/26.

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; creating new sections;
4 providing effective dates; and providing expiration dates.

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

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

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

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

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

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

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

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

33 (b) Once the provider network is established in the worker's
34 geographic area, an injured worker may receive care from a nonnetwork
35 provider only for an initial office or emergency room visit. However,
36 the department or self-insurer may limit reimbursement to the
37 department's standard fee for the services. The provider must comply
38 with all applicable billing policies and must accept the department's
39 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.** (1) In order to improve the timely
6 management of workers' compensation claims, the department of labor
7 and industries is authorized to hire additional claims managers to
8 the extent necessary to reach the average claims case load of 141
9 claims per claims manager, as identified in the June 2015
10 consultant's report for the joint legislative audit and review
11 committee.

12 (2) Beginning July 1, 2031, and not more than every five years
13 thereafter, the department or a third party hired by the department
14 shall conduct a study to determine the national average case load per
15 claims manager. The department is authorized to hire additional
16 claims managers to adjust the case load to be consistent with the
17 national average.

18 (3) Moneys used to hire and retain the additional claims managers
19 are subject to the allotment of all expenditures pursuant to chapter
20 43.88 RCW. However, an appropriation is not required for
21 expenditures. Expenditures to hire additional claims managers
22 include, but are not limited to, the salaries and expenses of the
23 additional claims managers required to implement reduction in claims
24 per claims manager consistent with the national average and the costs
25 of the studies.

26 (4) The department must use the accident fund to cover the
27 expenditures.

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

30 NEW SECTION. **Sec. 7.** Section 2 of this act expires June 30,
31 2027.

32 NEW SECTION. **Sec. 8.** Section 3 of this act takes effect June
33 30, 2027.

34 NEW SECTION. **Sec. 9.** Section 3 of this act expires January 1,
35 2028.

1 NEW SECTION. **Sec. 10.** Sections 4 and 5 of this act take effect
2 January 1, 2028.

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

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