
SECOND SUBSTITUTE SENATE BILL 5847

State of Washington

69th Legislature

2026 Regular Session

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

READ FIRST TIME 02/09/26.

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 coercing 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 coerce 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 51.48.017 and may constitute a violation of RCW 51.14.180 as
4 determined by the department based on the nature, severity, and
5 frequency of the conduct. A violation of this subsection (2) by an
6 employer insured through the state may subject the employer to a
7 penalty of at least \$250, not to exceed \$2,500, for each violation,
8 payable to the supplemental pension fund. The department shall
9 determine the amount of the penalty for the state fund employer's
10 violation of this subsection based on the nature, severity, and
11 frequency of the conduct. Additionally, when the department finds a
12 pattern of conduct in violation of this subsection by an employer
13 insured through the state fund, the department may prohibit the
14 employer from current or future participation in a retrospective
15 rating program.

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

24 (c) The department, in collaboration with the advisory group,
25 shall adopt policies for the development, credentialing,
26 accreditation, and continued oversight of a network of health care
27 providers approved to treat injured workers. Health care providers
28 shall apply to the network by completing the department's provider
29 application which shall have the force of a contract with the
30 department to treat injured workers. The advisory group shall
31 recommend minimum network standards for the department to approve a
32 provider's application, to remove a provider from the network, or to
33 require peer review such as, but not limited to:

34 (i) Current malpractice insurance coverage exceeding a dollar
35 amount threshold, number, or seriousness of malpractice suits over a
36 specific time frame;

37 (ii) Previous malpractice judgments or settlements that do not
38 exceed a dollar amount threshold recommended by the advisory group,
39 or a specific number or seriousness of malpractice suits over a
40 specific time frame;

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

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

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

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

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

13 (d) Network provider contracts will automatically renew at the
14 end of the contract period unless the department provides written
15 notice of changes in contract provisions or the department or
16 provider provides written notice of contract termination. The
17 industrial insurance medical advisory committee shall develop
18 criteria for removal of a provider from the network to be presented
19 to the department and advisory group for consideration in the
20 development of contract terms.

21 (e) In order to monitor quality of care and assure efficient
22 management of the provider network, the department shall establish
23 additional criteria and terms for network participation including,
24 but not limited to, requiring compliance with administrative and
25 billing policies.

26 (f) The advisory group shall recommend best practices standards
27 to the department to use in determining second tier network
28 providers. The department shall develop and implement financial and
29 nonfinancial incentives for network providers who qualify for the
30 second tier. The department is authorized to certify and decertify
31 second tier providers.

32 (g)(i) If a worker is unable to find a provider in the medical
33 provider network who is willing to treat the worker within 15 or 30
34 miles of the worker's home, as provided in (a) or (b) of this
35 subsection (2), the worker may provide notice of this fact to the
36 department or self-insured employer. Within 10 calendar days of
37 receiving such notice, the department or self-insured employer shall
38 send the worker a declaration developed by the department to sign
39 certifying this fact. Upon receipt of the signed declaration, the
40 department or self-insured employer will have 10 calendar days to

1 assist the worker in finding a provider in the medical provider
2 network or who agrees to join the medical provider network to treat
3 the worker. If no provider is found, the worker may seek treatment
4 from a nonnetwork provider:

5 (A) Within 15 miles of the worker's home, if the worker resides
6 in a county with a population of 500,000 or more, and if the provider
7 agrees to be paid in accordance with the department's medical aid
8 rules and fee schedules and sign a nonnetwork provider agreement. The
9 department or self-insured employer shall pay for such treatment in
10 accordance with the department's medical aid rules and fee schedules;
11 or

12 (B) Within 30 miles of the worker's home, if the worker resides
13 in a county with a population of less than 500,000, and if the
14 provider agrees to be paid in accordance with the department's
15 medical aid rules and fee schedules and sign a nonnetwork provider
16 agreement. The department or self-insured employer shall pay for such
17 treatment in accordance with the department's medical aid rules and
18 fee schedules; and

19 (ii) If the worker has met the conditions of (g) (i) (A) or (B) of
20 this subsection (2), the worker may immediately receive treatment
21 from a nonnetwork provider, regardless of whether the provider has
22 completed a nonnetwork provider agreement or application to the
23 medical provider network. Provision of treatment to the worker serves
24 as the provider's agreement to follow the department's medical aid
25 rules and fee schedules.

26 (3) (a) The department shall work with self-insurers and the
27 department utilization review provider to implement utilization
28 review for the self-insured community to ensure consistent quality,
29 cost-effective care for all injured workers and employers, and to
30 reduce administrative burden for providers.

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

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

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

8 (i) In the case of permanent partial disability, not to extend
9 beyond the date when compensation shall be awarded (~~(him or her)~~) the
10 worker, except when the worker returned to work before permanent
11 partial disability award is made, in such case not to extend beyond
12 the time when monthly allowances to (~~(him or her)~~) the worker shall
13 cease(~~(; in)~~).

14 (ii) In the case of temporary disability not to extend beyond the
15 time when monthly allowances to (~~(him or her)~~) the worker shall
16 cease: PROVIDED, That after any injured worker has returned to (~~(his~~
17 ~~or her)~~) the worker's work (~~(his or her)~~), the worker's medical and
18 surgical treatment may be continued if, and so long as, such
19 continuation is deemed necessary by the supervisor of industrial
20 insurance to be necessary to (~~(his or her)~~) the worker's more
21 complete recovery(~~(; in)~~).

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

1 (iv) In the case of a permanent total disability not to extend
2 beyond the date on which a lump sum settlement is made with (~~him or~~
3 ~~her or he or she~~) the worker, or the worker is placed upon the
4 permanent pension roll: PROVIDED, HOWEVER, That the supervisor of
5 industrial insurance, solely in (~~his or her~~) the supervisor's
6 discretion, may authorize continued medical and surgical treatment
7 for conditions previously accepted by the department when such
8 medical and surgical treatment is deemed necessary by the supervisor
9 of industrial insurance (~~to protect such worker's life or provide~~
10 ~~for the administration of medical and therapeutic measures including~~
11 ~~payment of prescription medications, but not including those~~
12 ~~controlled substances currently scheduled by the pharmacy quality~~
13 ~~assurance commission as Schedule I, II, III, or IV substances under~~
14 ~~chapter 69.50 RCW, which are necessary to alleviate continuing pain~~
15 ~~which results from the industrial injury. In order to authorize such~~
16 ~~continued treatment the written order of the supervisor of industrial~~
17 ~~insurance issued in advance of the continuation shall be necessary)).~~
18 In order to authorize such continued treatment, the department must
19 receive a request for approval of the treatment within 120 days of
20 the worker's receipt of the treatment, and the written order of the
21 supervisor of industrial insurance is necessary.

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

27 (c) The supervisor of industrial insurance, the supervisor's
28 designee, or a self-insurer, in (~~his or her~~) their sole discretion,
29 may authorize inoculation or other immunological treatment in cases
30 in which a work-related activity has resulted in probable exposure of
31 the worker to a potential infectious occupational disease.
32 Authorization of such treatment does not bind the department or self-
33 insurer in any adjudication of a claim by the same worker or the
34 worker's beneficiary for an occupational disease.

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

37 (5) (a) The legislature finds that the department and its business
38 and labor partners have collaborated in establishing centers for
39 occupational health and education to promote best practices and
40 prevent preventable disability by focusing additional provider-based

1 resources during the first twelve weeks following an injury. The
2 centers for occupational health and education represent innovative
3 accountable care systems in an early stage of development consistent
4 with national health care reform efforts. Many Washington workers do
5 not yet have access to these innovative health care delivery models.

6 ~~(b) ((To expand evidence-based occupational health best
7 practices, the department shall establish additional centers for
8 occupational health and education, with the goal of extending access
9 to at least fifty percent of injured and ill workers by December 2013
10 and to all injured workers by December 2015.))~~ The department shall
11 ~~((also))~~ develop additional best practices and incentives that span
12 the entire period of recovery, not only the first twelve weeks.

13 (c) The department shall certify and decertify centers for
14 occupational health and education based on criteria including
15 institutional leadership and geographic areas covered by the center
16 for occupational health and education, occupational health leadership
17 and education, mix of participating health care providers necessary
18 to address the anticipated needs of injured workers, health services
19 coordination to deliver occupational health best practices,
20 indicators to measure the success of the center for occupational
21 health and education, and agreement that the center's providers
22 shall, if feasible, treat certain injured workers if referred by the
23 department or a self-insurer.

24 (d) Health care delivery organizations may apply to the
25 department for certification as a center for occupational health and
26 education. These may include, but are not limited to, hospitals and
27 affiliated clinics and providers, multispecialty clinics, health
28 maintenance organizations, and organized systems of network
29 physicians.

30 (e) The centers for occupational health and education shall
31 implement benchmark quality indicators of occupational health best
32 practices for individual providers, developed in collaboration with
33 the department. A center for occupational health and education shall
34 remove individual providers who do not consistently meet these
35 quality benchmarks.

36 (f) The department shall develop and implement financial and
37 nonfinancial incentives for center for occupational health and
38 education providers that are based on progressive and measurable
39 gains in occupational health best practices, and that are applicable

1 throughout the duration of an injured or ill worker's episode of
2 care.

3 (g) The department shall develop electronic methods of tracking
4 evidence-based quality measures to identify and improve outcomes for
5 injured workers at risk of developing prolonged disability. In
6 addition, these methods must be used to provide systematic feedback
7 to physicians regarding quality of care, to conduct appropriate
8 objective evaluation of progress in the centers for occupational
9 health and education, and to allow efficient coordination of
10 services.

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

20 ~~((+7))~~ (b) The department may permanently remove a provider from
21 the network or take other appropriate action when the provider
22 exhibits a pattern of conduct of low quality care that exposes
23 patients to risk of physical or psychiatric harm or death. Patterns
24 that qualify as risk of harm include, but are not limited to, poor
25 health care outcomes evidenced by increased, chronic, or prolonged
26 pain or decreased function due to treatments that have not been shown
27 to be curative, safe, or effective or for which it has been shown
28 that the risks of harm exceed the benefits that can be reasonably
29 expected based on peer-reviewed opinion.

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

33 ~~((+9))~~ (d) When the department terminates a provider from the
34 network, the department or self-insurer shall assist an injured
35 worker currently under the provider's care in identifying a new
36 network provider or providers from whom the worker can select an
37 attending or treating provider. In such a case, the department or
38 self-insurer shall notify the injured worker that ~~((he or she))~~ the
39 worker must choose a new attending or treating provider.

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

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

6 ~~((11) The department shall report to the workers' compensation~~
7 ~~advisory committee and to the appropriate committees of the~~
8 ~~legislature on each December 1st, beginning in 2012 and ending in~~
9 ~~2016, on the implementation of the provider network and expansion of~~
10 ~~the centers for occupational health and education. The reports must~~
11 ~~include a summary of actions taken, progress toward long-term goals,~~
12 ~~outcomes of key initiatives, access to care issues, results of~~
13 ~~disputes or controversies related to new provisions, and whether any~~
14 ~~changes are needed to further improve the occupational health best~~
15 ~~practices care of injured workers.))~~

16 NEW SECTION. Sec. 5. This act applies to all claims regardless
17 of the date of injury or manifestation.

18 NEW SECTION. Sec. 6. Section 2 of this act expires June 30,
19 2027.

20 NEW SECTION. Sec. 7. Section 3 of this act takes effect June
21 30, 2027.

22 NEW SECTION. Sec. 8. Section 3 of this act expires January 1,
23 2028.

24 NEW SECTION. Sec. 9. Section 4 of this act takes effect January
25 1, 2028.

26 NEW SECTION. Sec. 10. Section 4 of this act applies to
27 treatment decisions made on or after the effective date of that
28 section.

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