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**SENATE BILL 5847**

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**State of Washington**

**69th Legislature**

**2026 Regular Session**

**By** Senators Saldaña, Harris, Alvarado, Trudeau, Bateman, Conway, Hasegawa, Lovelett, Nobles, Orwall, Riccelli, Shewmake, Stanford, Valdez, and C. Wilson

Prefiled 12/08/25. Read first time 01/12/26. Referred to Committee on Labor & Commerce.

1 AN ACT Relating to access to medical care in workers'  
2 compensation; amending RCW 51.36.010, 51.36.010, and 51.32.160;  
3 creating a new section; providing effective dates; and providing an  
4 expiration date.

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

6 **Sec. 1.** RCW 51.36.010 and 2023 c 171 s 9 are each amended to  
7 read as follows:

8 (1)(a) The legislature finds that high quality medical treatment  
9 and adherence to occupational health best practices can prevent  
10 disability and reduce loss of family income for workers, and lower  
11 labor and insurance costs for employers. Injured workers deserve high  
12 quality medical care in accordance with current health care best  
13 practices. To this end, the department shall establish minimum  
14 standards for providers who treat workers from both state fund and  
15 self-insured employers. The department shall establish a health care  
16 provider network to treat injured workers, and shall accept providers  
17 into the network who meet those minimum standards. The department  
18 shall convene an advisory group made up of representatives from or  
19 designees of the workers' compensation advisory committee and the  
20 industrial insurance medical and chiropractic advisory committees to  
21 consider and advise the department related to implementation of this

1 section, including development of best practices treatment guidelines  
2 for providers in the network. The department shall also seek the  
3 input of various health care provider groups and associations  
4 concerning the network's implementation.

5 (b) Network providers must (~~be required to~~), when medically  
6 appropriate as determined by the provider, follow the department's  
7 evidence-based coverage decisions and treatment guidelines, policies,  
8 and must (~~be expected to~~), when medically appropriate as determined  
9 by the provider, follow other national treatment guidelines  
10 appropriate for their patient.

11 (c) The department, in collaboration with the advisory group,  
12 shall also establish additional best practice standards for providers  
13 to qualify for a second tier within the network, based on  
14 demonstrated use of occupational health best practices. This second  
15 tier is separate from and in addition to the centers for occupational  
16 health and education established under subsection (5) of this  
17 section.

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

29 (ii) Upon notice of an injury, an employer must inform the  
30 injured worker that the worker has a right to seek medical treatment  
31 with a provider of the worker's own choice. An employer is prohibited  
32 from requiring, or in any way inducing, an injured worker to seek  
33 medical treatment from a specific provider or clinic. The department  
34 shall investigate any allegation that an employer attempted to  
35 require or induce an injured worker to seek treatment from a specific  
36 provider or clinic. Any violation of this subsection (2) (a) (ii) by a  
37 self-insured employer is a per se violation of RCW 51.14.180. Any  
38 violation by other employers of this subsection (2) (a) (ii) subjects  
39 the employer to a penalty pursuant to RCW 51.28.025(2).

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

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

19 (i) Current malpractice insurance coverage exceeding a dollar  
20 amount threshold, number, or seriousness of malpractice suits over a  
21 specific time frame;

22 (ii) Previous malpractice judgments or settlements that do not  
23 exceed a dollar amount threshold recommended by the advisory group,  
24 or a specific number or seriousness of malpractice suits over a  
25 specific time frame;

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

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

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

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

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

38 (d) Network provider contracts will automatically renew at the  
39 end of the contract period unless the department provides written  
40 notice of changes in contract provisions or the department or

1 provider provides written notice of contract termination. The  
2 industrial insurance medical advisory committee shall develop  
3 criteria for removal of a provider from the network to be presented  
4 to the department and advisory group for consideration in the  
5 development of contract terms.

6 (e) In order to monitor quality of care and assure efficient  
7 management of the provider network, the department shall establish  
8 additional criteria and terms for network participation including,  
9 but not limited to, requiring compliance with administrative and  
10 billing policies.

11 (f) The advisory group shall recommend best practices standards  
12 to the department to use in determining second tier network  
13 providers. The department shall develop and implement financial and  
14 nonfinancial incentives for network providers who qualify for the  
15 second tier. The department is authorized to certify and decertify  
16 second tier providers.

17 (g) If a worker is unable to find a provider in the medical  
18 provider network who is willing to treat the worker within 15 miles  
19 of the worker's home, the worker may provide notice of this fact to  
20 the department or self-insured employer. Within seven calendar days  
21 of receiving such notice, the department or self-insured employer  
22 shall send the worker a declaration developed by the department to  
23 sign certifying this fact. Upon signing and returning the  
24 declaration, or if the department or self-insured employer fails to  
25 send the declaration within seven calendar days, the worker may seek  
26 treatment from a nonnetwork provider if the provider agrees to be  
27 paid in accordance with the department's fee schedule. The department  
28 or self-insured employer shall pay for such proper and necessary  
29 treatment.

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

35 (b) Any utilization review must be completed within 10 business  
36 days of the date the department received a request for approval of  
37 treatment on behalf of an injured worker or the treatment must be  
38 authorized.

39 (4) (a) The department for state fund claims shall pay, in  
40 accordance with the department's fee schedule, for any alleged injury

1 for which a worker files a claim, any initial prescription drugs  
2 provided in relation to that initial visit, without regard to whether  
3 the worker's claim for benefits is allowed.

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

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

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

20 (iii) In the case of a permanent total disability not to extend  
21 beyond the date on which a lump sum settlement is made with (~~(him or~~  
22 ~~her or he or she)~~) the worker, or the worker is placed upon the  
23 permanent pension roll: PROVIDED, HOWEVER, That the supervisor of  
24 industrial insurance, solely in (~~(his or her)~~) the supervisor's  
25 discretion, in all cases of permanent partial disability or permanent  
26 total disability, may authorize continued medical and surgical  
27 treatment for conditions previously accepted by the department when  
28 such medical and surgical treatment is deemed necessary by the  
29 supervisor of industrial insurance 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~~  
36 ~~authorize such continued treatment the written order of the~~  
37 ~~supervisor of industrial insurance issued in advance of the~~  
38 ~~continuation shall be necessary.)~~)

39 (iv) Provided, that where cancer is an accepted diagnosis, the  
40 department or self-insured employer, as the case may be, shall

1 continue to pay for monitoring of the diagnosis at a frequency  
2 recommended by the worker's treating oncologist. The monitoring must  
3 include all necessary diagnostic studies and associated medical  
4 consultations.

5 (c) The supervisor of industrial insurance, the supervisor's  
6 designee, or a self-insurer, in ((his or her)) their sole discretion,  
7 may authorize inoculation or other immunological treatment in cases  
8 in 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 (d) Nothing in this section prevents a worker from reopening the  
14 worker's claim pursuant to RCW 51.32.160.

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

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

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

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

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

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

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

33 **Sec. 2.** RCW 51.36.010 and 2025 c 58 s 5117 are each amended to  
34 read as follows:

35 (1) (a) The legislature finds that high quality medical treatment  
36 and adherence to occupational health best practices can prevent  
37 disability and reduce loss of family income for workers, and lower  
38 labor and insurance costs for employers. Injured workers deserve high  
39 quality medical care in accordance with current health care best

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

14 (b) Network providers must ~~((be required to))~~, when medically  
15 appropriate as determined by the provider, follow the department's  
16 evidence-based coverage decisions and treatment guidelines, policies,  
17 and must ~~((be expected to))~~, when medically appropriate as determined  
18 by the provider, follow other national treatment guidelines  
19 appropriate for their patient.

20 (c) The department, in collaboration with the advisory group,  
21 shall also establish additional best practice standards for providers  
22 to qualify for a second tier within the network, based on  
23 demonstrated use of occupational health best practices. This second  
24 tier is separate from and in addition to the centers for occupational  
25 health and education established under subsection (5) of this  
26 section.

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

38 (ii) Upon notice of an injury, an employer must inform the  
39 injured worker that the worker has a right to seek medical treatment  
40 with a provider of the worker's own choice. An employer is prohibited

1 from requiring, or in any way inducing, an injured worker to seek  
2 medical treatment from a specific provider or clinic. The department  
3 shall investigate any allegation that an employer attempted to  
4 require or induce an injured worker to seek treatment from a specific  
5 provider or clinic. Any violation of this subsection (2)(a)(ii) by a  
6 self-insured employer is a per se violation of RCW 51.14.180. Any  
7 violation by other employers of this subsection (2)(a)(ii) subjects  
8 the employer to a penalty pursuant to RCW 51.28.025(2).

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

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

27 (i) Current malpractice insurance coverage exceeding a dollar  
28 amount threshold, number, or seriousness of malpractice suits over a  
29 specific time frame;

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

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

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

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

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

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

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

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

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

25 (g) If a worker is unable to find a provider in the medical  
26 provider network who is willing to treat the worker within 15 miles  
27 of the worker's home, the worker may provide notice of this fact to  
28 the department or self-insured employer. Within seven calendar days  
29 of receiving such notice, the department or self-insured employer  
30 shall send the worker a declaration developed by the department to  
31 sign certifying this fact. Upon signing and returning the  
32 declaration, or if the department or self-insured employer fails to  
33 send the declaration within seven calendar days, the worker may seek  
34 treatment from a nonnetwork provider if the provider agrees to be  
35 paid in accordance with the department's fee schedule. The department  
36 or self-insured employer shall pay for such proper and necessary  
37 treatment.

38 (3) (a) The department shall work with self-insurers and the  
39 department utilization review provider to implement utilization  
40 review for the self-insured community to ensure consistent quality,

1 cost-effective care for all injured workers and employers, and to  
2 reduce administrative burden for providers.

3 (b) Any utilization review must be completed within 10 business  
4 days of the date the department received a request for approval of  
5 treatment on behalf of an injured worker or the treatment must be  
6 authorized.

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

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

14 (i) In the case of permanent partial disability, not to extend  
15 beyond the date when compensation shall be awarded (~~(him or her)~~) the  
16 worker, except when the worker returned to work before permanent  
17 partial disability award is made, in such case not to extend beyond  
18 the time when monthly allowances to (~~(him or her)~~) the worker shall  
19 cease(~~(; in)~~).

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

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

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

7 (iv) Provided, that where cancer is an accepted diagnosis, the  
8 department or self-insured employer, as the case may be, shall  
9 continue to pay for monitoring of the diagnosis at a frequency  
10 recommended by the worker's treating oncologist. The monitoring must  
11 include all necessary diagnostic studies and associated medical  
12 consultations.

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

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

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

32 (b) To expand evidence-based occupational health best practices,  
33 the department shall establish additional centers for occupational  
34 health and education, with the goal of extending access to at least  
35 fifty percent of injured and ill workers by December 2013 and to all  
36 injured workers by December 2015. The department shall also develop  
37 additional best practices and incentives that span the entire period  
38 of recovery, not only the first twelve weeks.

39 (c) The department shall certify and decertify centers for  
40 occupational health and education based on criteria including

1 institutional leadership and geographic areas covered by the center  
2 for occupational health and education, occupational health leadership  
3 and education, mix of participating health care providers necessary  
4 to address the anticipated needs of injured workers, health services  
5 coordination to deliver occupational health best practices,  
6 indicators to measure the success of the center for occupational  
7 health and education, and agreement that the center's providers  
8 shall, if feasible, treat certain injured workers if referred by the  
9 department or a self-insurer.

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

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

22 (f) The department shall develop and implement financial and  
23 nonfinancial incentives for center for occupational health and  
24 education providers that are based on progressive and measurable  
25 gains in occupational health best practices, and that are applicable  
26 throughout the duration of an injured or ill worker's episode of  
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28 (g) The department shall develop electronic methods of tracking  
29 evidence-based quality measures to identify and improve outcomes for  
30 injured workers at risk of developing prolonged disability. In  
31 addition, these methods must be used to provide systematic feedback  
32 to physicians regarding quality of care, to conduct appropriate  
33 objective evaluation of progress in the centers for occupational  
34 health and education, and to allow efficient coordination of  
35 services.

36 (6) (a) If a provider fails to meet the minimum network standards  
37 established in subsection (2) of this section, the department is  
38 authorized to remove the provider from the network or take other  
39 appropriate action regarding a provider's participation. The  
40 department may also require remedial steps as a condition for a

1 provider to participate in the network. The department, with input  
2 from the advisory group, shall establish waiting periods that may be  
3 imposed before a provider who has been denied or removed from the  
4 network may reapply.

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

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

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

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

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

30 ~~((11) The department shall report to the workers' compensation~~  
31 ~~advisory committee and to the appropriate committees of the~~  
32 ~~legislature on each December 1st, beginning in 2012 and ending in~~  
33 ~~2016, on the implementation of the provider network and expansion of~~  
34 ~~the centers for occupational health and education. The reports must~~  
35 ~~include a summary of actions taken, progress toward long-term goals,~~  
36 ~~outcomes of key initiatives, access to care issues, results of~~  
37 ~~disputes or controversies related to new provisions, and whether any~~  
38 ~~changes are needed to further improve the occupational health best~~  
39 ~~practices care of injured workers.))~~

1       **Sec. 3.** RCW 51.32.160 and 1995 c 253 s 2 are each amended to  
2 read as follows:

3       (1)(a) If aggravation, diminution, or termination of disability  
4 takes place, the director may, upon the application of the  
5 beneficiary, made within seven years from the date the first closing  
6 order becomes final, or at any time upon his or her own motion,  
7 readjust the rate of compensation in accordance with the rules in  
8 this section provided for the same, or in a proper case terminate the  
9 payment: PROVIDED, That the director may, upon application of the  
10 worker made at any time, provide proper and necessary medical and  
11 surgical services as authorized under RCW 51.36.010. The department  
12 shall promptly mail a copy of the application to the employer at the  
13 employer's last known address as shown by the records of the  
14 department.

15       (b) "Closing order" as used in this section means an order based  
16 on factors which include medical recommendation, advice, or  
17 examination. "Closing order" includes orders issued awarding workers  
18 permanent total disability compensation pursuant to RCW 51.32.060.

19       (c) Applications for benefits where the claim has been closed  
20 without medical recommendation, advice, or examination are not  
21 subject to the seven year limitation of this section. The preceding  
22 sentence shall not apply to any closing order issued prior to July 1,  
23 1981. First closing orders issued between July 1, 1981, and July 1,  
24 1985, shall, for the purposes of this section only, be deemed issued  
25 on July 1, 1985. The time limitation of this section shall be ten  
26 years in claims involving loss of vision or function of the eyes.

27       (d) If an order denying an application to reopen filed on or  
28 after July 1, 1988, is not issued within ninety days of receipt of  
29 such application by the self-insured employer or the department, such  
30 application shall be deemed granted. However, for good cause, the  
31 department may extend the time for making the final determination on  
32 the application for an additional sixty days.

33       (2) If a worker receiving a pension for total disability returns  
34 to gainful employment for wages, the director may suspend or  
35 terminate the rate of compensation established for the disability  
36 without producing medical evidence that shows that a diminution of  
37 the disability has occurred.

38       (3) No act done or ordered to be done by the director, or the  
39 department prior to the signing and filing in the matter of a written  
40 order for such readjustment shall be grounds for such readjustment.

1        NEW SECTION.    **Sec. 4.**    This act applies to all claims regardless  
2 of the date of injury.

3        NEW SECTION.    **Sec. 5.**    Section 1 of this act expires June 30,  
4 2027.

5        NEW SECTION.    **Sec. 6.**    Section 2 of this act takes effect June  
6 30, 2027.

7        NEW SECTION.    **Sec. 7.**    Except for section 2 of this act, this act  
8 takes effect July 1, 2026.

--- **END** ---