
SENATE BILL 6152

State of Washington

69th Legislature

2026 Regular Session

By Senators Harris, Chapman, Conway, Frame, Hasegawa, Orwall, Saldaña, Stanford, and Warnick

Read first time 01/15/26. Referred to Committee on Labor & Commerce.

1 AN ACT Relating to including physical and occupational therapists
2 as attending providers for workers' compensation; amending RCW
3 51.08.200, 51.28.010, 51.28.010, 51.28.020, 51.28.020, 51.36.010, and
4 51.36.010; providing an effective date; and providing an expiration
5 date.

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

7 **Sec. 1.** RCW 51.08.200 and 2023 c 171 s 2 are each amended to
8 read as follows:

9 "Attending provider" means a person who is a member of the health
10 care provider network established under RCW 51.36.010, is treating
11 injured workers within the person's scope of practice, and is
12 licensed under Title 18 RCW in one of the following professions:
13 Physicians, chapter 18.71 RCW; osteopathy, chapter 18.57 RCW;
14 chiropractic, chapter 18.25 RCW; naturopathy, chapter 18.36A RCW;
15 podiatric medicine and surgery, chapter 18.22 RCW; dentistry, chapter
16 18.32 RCW; optometry, chapter 18.53 RCW; occupational therapy,
17 chapter 18.59 RCW; physical therapy, chapter 18.74 RCW; in the case
18 of claims solely for mental health conditions, psychology, chapter
19 18.83 RCW; physician assistants, chapter 18.71A RCW; and licensed
20 advanced registered nurse practitioners, chapter 18.79 RCW.

1 **Sec. 2.** RCW 51.28.010 and 2023 c 171 s 3 are each amended to
2 read as follows:

3 (1) Whenever any accident occurs to any worker it shall be the
4 duty of such worker or someone in his or her behalf to forthwith
5 report such accident to his or her employer, superintendent, or
6 supervisor in charge of the work, and of the employer to at once
7 report such accident and the injury resulting therefrom to the
8 department pursuant to RCW 51.28.025 where the worker has received
9 treatment from a physician, osteopathic physician, chiropractor,
10 naturopath, podiatric physician, optometrist, dentist, licensed
11 advanced registered nurse practitioner, physician assistant,
12 occupational therapist, physical therapist, or psychologist in claims
13 solely for mental health conditions, has been hospitalized, disabled
14 from work, or has died as the apparent result of such accident and
15 injury.

16 (2) Upon receipt of such notice of accident, the department shall
17 immediately forward to the worker or his or her beneficiaries or
18 dependents notification, in nontechnical language, of their rights
19 under this title. The notice must specify the worker's right to
20 receive health services from a provider of the worker's choice under
21 RCW 51.36.010(2)(a), including chiropractic services under RCW
22 51.36.015, and must list the types of providers authorized to provide
23 these services.

24 (3) Employers shall not engage in claim suppression.

25 (4) For the purposes of this section, "claim suppression" means
26 intentionally:

27 (a) Inducing employees to fail to report injuries;

28 (b) Inducing employees to treat injuries in the course of
29 employment as off-the-job injuries; or

30 (c) Acting otherwise to suppress legitimate industrial insurance
31 claims.

32 (5) In determining whether an employer has engaged in claim
33 suppression, the department shall consider the employer's history of
34 compliance with industrial insurance reporting requirements, and
35 whether the employer has discouraged employees from reporting
36 injuries or filing claims. The department has the burden of proving
37 claim suppression by a preponderance of the evidence.

38 (6) Claim suppression does not include bona fide workplace safety
39 and accident prevention programs or an employer's provision at the
40 worksite of first aid as defined by the department. The department

1 shall adopt rules defining bona fide workplace safety and accident
2 prevention programs and defining first aid.

3 **Sec. 3.** RCW 51.28.010 and 2025 c 58 s 5113 are each amended to
4 read as follows:

5 (1) Whenever any accident occurs to any worker it shall be the
6 duty of such worker or someone in his or her behalf to forthwith
7 report such accident to his or her employer, superintendent, or
8 supervisor in charge of the work, and of the employer to at once
9 report such accident and the injury resulting therefrom to the
10 department pursuant to RCW 51.28.025 where the worker has received
11 treatment from a physician, osteopathic physician, chiropractor,
12 naturopath, podiatric physician, optometrist, dentist, licensed
13 advanced practice registered nurse, physician assistant, occupational
14 therapist, physical therapist, or psychologist in claims solely for
15 mental health conditions, has been hospitalized, disabled from work,
16 or has died as the apparent result of such accident and injury.

17 (2) Upon receipt of such notice of accident, the department shall
18 immediately forward to the worker or his or her beneficiaries or
19 dependents notification, in nontechnical language, of their rights
20 under this title. The notice must specify the worker's right to
21 receive health services from a provider of the worker's choice under
22 RCW 51.36.010(2)(a), including chiropractic services under RCW
23 51.36.015, and must list the types of providers authorized to provide
24 these services.

25 (3) Employers shall not engage in claim suppression.

26 (4) For the purposes of this section, "claim suppression" means
27 intentionally:

28 (a) Inducing employees to fail to report injuries;

29 (b) Inducing employees to treat injuries in the course of
30 employment as off-the-job injuries; or

31 (c) Acting otherwise to suppress legitimate industrial insurance
32 claims.

33 (5) In determining whether an employer has engaged in claim
34 suppression, the department shall consider the employer's history of
35 compliance with industrial insurance reporting requirements, and
36 whether the employer has discouraged employees from reporting
37 injuries or filing claims. The department has the burden of proving
38 claim suppression by a preponderance of the evidence.

1 (6) Claim suppression does not include bona fide workplace safety
2 and accident prevention programs or an employer's provision at the
3 worksite of first aid as defined by the department. The department
4 shall adopt rules defining bona fide workplace safety and accident
5 prevention programs and defining first aid.

6 **Sec. 4.** RCW 51.28.020 and 2023 c 171 s 4 are each amended to
7 read as follows:

8 (1)(a) Where a worker is entitled to compensation under this
9 title he or she shall file with the department or his or her self-
10 insured employer, as the case may be, his or her application for
11 such, together with the certificate of the physician, osteopathic
12 physician, chiropractor, naturopath, podiatric physician,
13 optometrist, dentist, licensed advanced registered nurse
14 practitioner, physician assistant, occupational therapist, physical
15 therapist, or psychologist in claims solely for mental health
16 conditions, who attended him or her. An application form developed by
17 the department shall include a notice specifying the worker's right
18 to receive health services from a provider of the worker's choice
19 under RCW 51.36.010(2)(a), and listing the types of providers
20 authorized to provide these services.

21 (b) The physician, osteopathic physician, chiropractor,
22 naturopath, podiatric physician, optometrist, dentist, licensed
23 advanced registered nurse practitioner, physician assistant,
24 occupational therapist, physical therapist, or psychologist in claims
25 solely for mental health conditions, who attended the injured worker
26 shall inform the injured worker of his or her rights under this title
27 and lend all necessary assistance in making this application for
28 compensation and such proof of other matters as required by the rules
29 of the department without charge to the worker. The department shall
30 provide a manual which outlines the procedures to be followed in
31 applications for compensation involving occupational diseases, and
32 which describes claimants' rights and responsibilities related to
33 occupational disease claims.

34 (2) If the application required by this section is:

35 (a) Made to the department and the employer has not received a
36 copy of the application, the department shall immediately send a copy
37 of the application to the employer; or

38 (b) Made to a self-insured employer, the employer shall forthwith
39 send a copy of the application to the department.

1 (3) The application required by this section may be transmitted
2 to the department electronically.

3 **Sec. 5.** RCW 51.28.020 and 2025 c 58 s 5114 are each amended to
4 read as follows:

5 (1)(a) Where a worker is entitled to compensation under this
6 title he or she shall file with the department or his or her self-
7 insured employer, as the case may be, his or her application for
8 such, together with the certificate of the physician, osteopathic
9 physician, chiropractor, naturopath, podiatric physician,
10 optometrist, dentist, licensed advanced practice registered nurse,
11 physician assistant, occupational therapist, physical therapist, or
12 psychologist in claims solely for mental health conditions, who
13 attended him or her. An application form developed by the department
14 shall include a notice specifying the worker's right to receive
15 health services from a provider of the worker's choice under RCW
16 51.36.010(2)(a), and listing the types of providers authorized to
17 provide these services.

18 (b) The physician, osteopathic physician, chiropractor,
19 naturopath, podiatric physician, optometrist, dentist, licensed
20 advanced practice registered nurse, physician assistant, occupational
21 therapist, physical therapist, or psychologist in claims solely for
22 mental health conditions, who attended the injured worker shall
23 inform the injured worker of his or her rights under this title and
24 lend all necessary assistance in making this application for
25 compensation and such proof of other matters as required by the rules
26 of the department without charge to the worker. The department shall
27 provide a manual which outlines the procedures to be followed in
28 applications for compensation involving occupational diseases, and
29 which describes claimants' rights and responsibilities related to
30 occupational disease claims.

31 (2) If the application required by this section is:

32 (a) Made to the department and the employer has not received a
33 copy of the application, the department shall immediately send a copy
34 of the application to the employer; or

35 (b) Made to a self-insured employer, the employer shall forthwith
36 send a copy of the application to the department.

37 (3) The application required by this section may be transmitted
38 to the department electronically.

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

3 (1) The legislature finds that high quality medical treatment and
4 adherence to occupational health best practices can prevent
5 disability and reduce loss of family income for workers, and lower
6 labor and insurance costs for employers. Injured workers deserve high
7 quality medical care in accordance with current health care best
8 practices. To this end, the department shall establish minimum
9 standards for providers who treat workers from both state fund and
10 self-insured employers. The department shall establish a health care
11 provider network to treat injured workers, and shall accept providers
12 into the network who meet those minimum standards. The department
13 shall convene an advisory group made up of representatives from or
14 designees of the workers' compensation advisory committee and the
15 industrial insurance medical and chiropractic advisory committees to
16 consider and advise the department related to implementation of this
17 section, including development of best practices treatment guidelines
18 for providers in the network. The department shall also seek the
19 input of various health care provider groups and associations
20 concerning the network's implementation. Network providers must be
21 required to follow the department's evidence-based coverage decisions
22 and treatment guidelines, policies, and must be expected to follow
23 other national treatment guidelines appropriate for their patient.
24 The department, in collaboration with the advisory group, shall also
25 establish additional best practice standards for providers to qualify
26 for a second tier within the network, based on demonstrated use of
27 occupational health best practices. This second tier is separate from
28 and in addition to the centers for occupational health and education
29 established under subsection (5) of this section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

27 In the case of permanent partial disability, not to extend beyond
28 the date when compensation shall be awarded him or her, except when
29 the worker returned to work before permanent partial disability award
30 is made, in such case not to extend beyond the time when monthly
31 allowances to him or her shall cease; in case of temporary disability
32 not to extend beyond the time when monthly allowances to him or her
33 shall cease: PROVIDED, That after any injured worker has returned to
34 his or her work his or her medical and surgical treatment may be
35 continued if, and so long as, such continuation is deemed necessary
36 by the supervisor of industrial insurance to be necessary to his or
37 her more complete recovery; in case of a permanent total disability
38 not to extend beyond the date on which a lump sum settlement is made
39 with him or her or he or she is placed upon the permanent pension
40 roll: PROVIDED, HOWEVER, That the supervisor of industrial insurance,

1 solely in his or her discretion, may authorize continued medical and
2 surgical treatment for conditions previously accepted by the
3 department when such medical and surgical treatment is deemed
4 necessary by the supervisor of industrial insurance to protect such
5 worker's life or provide for the administration of medical and
6 therapeutic measures including payment of prescription medications,
7 but not including those controlled substances currently scheduled by
8 the pharmacy quality assurance commission as Schedule I, II, III, or
9 IV substances under chapter 69.50 RCW, which are necessary to
10 alleviate continuing pain which results from the industrial injury.
11 In order to authorize such continued treatment the written order of
12 the supervisor of industrial insurance issued in advance of the
13 continuation shall be necessary.

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

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

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

38 (c) The department shall certify and decertify centers for
39 occupational health and education based on criteria including
40 institutional leadership and geographic areas covered by the center

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

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

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

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

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

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

1 from the advisory group, shall establish waiting periods that may be
2 imposed before a provider who has been denied or removed from the
3 network may reapply.

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

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

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

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

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

35 **Sec. 7.** RCW 51.36.010 and 2025 c 58 s 5117 are each amended to
36 read as follows:

37 (1) The legislature finds that high quality medical treatment and
38 adherence to occupational health best practices can prevent
39 disability and reduce loss of family income for workers, and lower

1 labor and insurance costs for employers. Injured workers deserve high
2 quality medical care in accordance with current health care best
3 practices. To this end, the department shall establish minimum
4 standards for providers who treat workers from both state fund and
5 self-insured employers. The department shall establish a health care
6 provider network to treat injured workers, and shall accept providers
7 into the network who meet those minimum standards. The department
8 shall convene an advisory group made up of representatives from or
9 designees of the workers' compensation advisory committee and the
10 industrial insurance medical and chiropractic advisory committees to
11 consider and advise the department related to implementation of this
12 section, including development of best practices treatment guidelines
13 for providers in the network. The department shall also seek the
14 input of various health care provider groups and associations
15 concerning the network's implementation. Network providers must be
16 required to follow the department's evidence-based coverage decisions
17 and treatment guidelines, policies, and must be expected to follow
18 other national treatment guidelines appropriate for their patient.
19 The department, in collaboration with the advisory group, shall also
20 establish additional best practice standards for providers to qualify
21 for a second tier within the network, based on demonstrated use of
22 occupational health best practices. This second tier is separate from
23 and in addition to the centers for occupational health and education
24 established under subsection (5) of this section.

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

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

1 with all applicable billing policies and must accept the department's
2 fee schedule as payment in full.

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

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

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

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

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

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

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

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

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

1 (e) In order to monitor quality of care and assure efficient
2 management of the provider network, the department shall establish
3 additional criteria and terms for network participation including,
4 but not limited to, requiring compliance with administrative and
5 billing policies.

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

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

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

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

1 worker's life or provide for the administration of medical and
2 therapeutic measures including payment of prescription medications,
3 but not including those controlled substances currently scheduled by
4 the pharmacy quality assurance commission as Schedule I, II, III, or
5 IV substances under chapter 69.50 RCW, which are necessary to
6 alleviate continuing pain which results from the industrial injury.
7 In order to authorize such continued treatment the written order of
8 the supervisor of industrial insurance issued in advance of the
9 continuation shall be necessary.

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

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

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

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

1 indicators to measure the success of the center for occupational
2 health and education, and agreement that the center's providers
3 shall, if feasible, treat certain injured workers if referred by the
4 department or a self-insurer.

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

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

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

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

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

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

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

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

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

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

32 NEW SECTION. **Sec. 8.** Sections 2, 4, and 6 of this act expire
33 June 30, 2027.

34 NEW SECTION. **Sec. 9.** Sections 3, 5, and 7 of this act take
35 effect June 30, 2027.

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