

CERTIFICATION OF ENROLLMENT
ENGROSSED SECOND SUBSTITUTE SENATE BILL 5847

69th Legislature
2026 Regular Session

Passed by the Senate March 10, 2026
Yeas 30 Nays 19

President of the Senate

Passed by the House March 6, 2026
Yeas 67 Nays 28

**Speaker of the House of
Representatives**

Approved

Governor of the State of Washington

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE SENATE BILL 5847** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

ENGROSSED SECOND SUBSTITUTE SENATE BILL 5847

AS AMENDED BY THE HOUSE

Passed Legislature - 2026 Regular Session

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 51.08.200, 51.36.010, 51.36.010,
3 51.36.010, and 43.88.180; adding a new section to chapter 51.36 RCW;
4 adding a new section to chapter 51.44 RCW; creating new sections;
5 providing effective dates; and providing expiration dates.

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

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

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

13 **Sec. 2.** RCW 51.08.200 and 2023 c 171 s 2 are each amended to
14 read as follows:

15 "Attending provider" means a person who is ((a)): (1) A member of
16 the health care provider network established under RCW 51.36.010((7
17 is)) or a person who is not a member of the health care provider
18 network for claims where they are treating a worker under the
19 conditions in RCW 51.36.010(2)(g)(i) (A) or (B); (2) treating injured
20 workers within the person's scope of practice((7)); and ((is)) (3)

1 licensed under Title 18 RCW in one of the following professions:
2 Physicians, chapter 18.71 RCW; osteopathy, chapter 18.57 RCW;
3 chiropractic, chapter 18.25 RCW; naturopathy, chapter 18.36A RCW;
4 podiatric medicine and surgery, chapter 18.22 RCW; dentistry, chapter
5 18.32 RCW; optometry, chapter 18.53 RCW; in the case of claims solely
6 for mental health conditions, psychology, chapter 18.83 RCW;
7 physician assistants, chapter 18.71A RCW; and licensed advanced
8 registered nurse practitioners, chapter 18.79 RCW.

9 **Sec. 3.** RCW 51.36.010 and 2023 c 171 s 9 are each amended to
10 read as follows:

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

29 (b) Network providers must ~~((be required to))~~, when medically
30 appropriate, follow the department's evidence-based coverage
31 decisions and treatment guidelines, policies, and must ~~((be expected~~
32 ~~to))~~, when medically appropriate, follow other national treatment
33 guidelines appropriate for their patient. The department, in
34 collaboration with the advisory group, shall also establish
35 additional best practice standards for providers to qualify for a
36 second tier within the network, based on demonstrated use of
37 occupational health best practices. This second tier is separate from
38 and in addition to the centers for occupational health and education
39 established under subsection (5) of this section.

1 (2) (a) Upon the occurrence of any injury to a worker entitled to
2 compensation under the provisions of this title, he or she shall
3 receive proper and necessary medical and surgical services at the
4 hands of a physician, osteopathic physician, chiropractor,
5 naturopath, podiatric physician, optometrist, dentist, licensed
6 advanced registered nurse practitioner, physician assistant, or
7 psychologist in claims solely for mental health conditions, of his or
8 her own choice, if conveniently located, except as provided in (b) of
9 this subsection, and proper and necessary hospital care and services
10 during the period of his or her disability from such injury.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38 In the case of permanent partial disability, not to extend beyond
39 the date when compensation shall be awarded him or her, except when
40 the worker returned to work before permanent partial disability award

1 is made, in such case not to extend beyond the time when monthly
2 allowances to him or her shall cease; in case of temporary disability
3 not to extend beyond the time when monthly allowances to him or her
4 shall cease: PROVIDED, That after any injured worker has returned to
5 his or her work his or her medical and surgical treatment may be
6 continued if, and so long as, such continuation is deemed necessary
7 by the supervisor of industrial insurance to be necessary to his or
8 her more complete recovery; in case of a permanent total disability
9 not to extend beyond the date on which a lump sum settlement is made
10 with him or her or he or she is placed upon the permanent pension
11 roll: PROVIDED, HOWEVER, That the supervisor of industrial insurance,
12 solely in his or her discretion, may authorize continued medical and
13 surgical treatment for conditions previously accepted by the
14 department when such medical and surgical treatment is deemed
15 necessary by the supervisor of industrial insurance to protect such
16 worker's life or provide for the administration of medical and
17 therapeutic measures including payment of prescription medications,
18 but not including those controlled substances currently scheduled by
19 the pharmacy quality assurance commission as Schedule I, II, III, or
20 IV substances under chapter 69.50 RCW, which are necessary to
21 alleviate continuing pain which results from the industrial injury.
22 In order to authorize such continued treatment the written order of
23 the supervisor of industrial insurance issued in advance of the
24 continuation shall be necessary.

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

33 (5) (a) The legislature finds that the department and its business
34 and labor partners have collaborated in establishing centers for
35 occupational health and education to promote best practices and
36 prevent preventable disability by focusing additional provider-based
37 resources during the first twelve weeks following an injury. The
38 centers for occupational health and education represent innovative
39 accountable care systems in an early stage of development consistent

1 with national health care reform efforts. Many Washington workers do
2 not yet have access to these innovative health care delivery models.

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

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

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

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

33 (f) The department shall develop and implement financial and
34 nonfinancial incentives for center for occupational health and
35 education providers that are based on progressive and measurable
36 gains in occupational health best practices, and that are applicable
37 throughout the duration of an injured or ill worker's episode of
38 care.

39 (g) The department shall develop electronic methods of tracking
40 evidence-based quality measures to identify and improve outcomes for

1 injured workers at risk of developing prolonged disability. In
2 addition, these methods must be used to provide systematic feedback
3 to physicians regarding quality of care, to conduct appropriate
4 objective evaluation of progress in the centers for occupational
5 health and education, and to allow efficient coordination of
6 services.

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

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

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

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

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

37 (11) The department shall report to the workers' compensation
38 advisory committee and to the appropriate committees of the
39 legislature on each December 1st, beginning in 2012 and ending in
40 2016, on the implementation of the provider network and expansion of

1 the centers for occupational health and education. The reports must
2 include a summary of actions taken, progress toward long-term goals,
3 outcomes of key initiatives, access to care issues, results of
4 disputes or controversies related to new provisions, and whether any
5 changes are needed to further improve the occupational health best
6 practices care of injured workers.

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

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

27 (b) Network providers must ~~((be required to))~~, when medically
28 appropriate, follow the department's evidence-based coverage
29 decisions and treatment guidelines, policies, and must ~~((be expected~~
30 ~~to))~~, when medically appropriate, follow other national treatment
31 guidelines appropriate for their patient. The department, in
32 collaboration with the advisory group, shall also establish
33 additional best practice standards for providers to qualify for a
34 second tier within the network, based on demonstrated use of
35 occupational health best practices. This second tier is separate from
36 and in addition to the centers for occupational health and education
37 established under subsection (5) of this section.

38 (2) (a) Upon the occurrence of any injury to a worker entitled to
39 compensation under the provisions of this title, he or she shall

1 receive proper and necessary medical and surgical services at the
2 hands of a physician, osteopathic physician, chiropractor,
3 naturopath, podiatric physician, optometrist, dentist, licensed
4 advanced practice registered nurse, physician assistant, or
5 psychologist in claims solely for mental health conditions, of his or
6 her own choice, if conveniently located, except as provided in (b) of
7 this subsection, and proper and necessary hospital care and services
8 during the period of his or her disability from such injury.

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

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

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

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

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

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

38 (v) Whether the provider has been credentialed by another health
39 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 (3) The department shall work with self-insurers and the
26 department utilization review provider to implement utilization
27 review for the self-insured community to ensure consistent quality,
28 cost-effective care for all injured workers and employers, and to
29 reduce administrative burden for providers.

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

36 In the case of permanent partial disability, not to extend beyond
37 the date when compensation shall be awarded him or her, except when
38 the worker returned to work before permanent partial disability award
39 is made, in such case not to extend beyond the time when monthly
40 allowances to him or her shall cease; in case of temporary disability

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

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

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

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

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

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

25 (e) The centers for occupational health and education shall
26 implement benchmark quality indicators of occupational health best
27 practices for individual providers, developed in collaboration with
28 the department. A center for occupational health and education shall
29 remove individual providers who do not consistently meet these
30 quality benchmarks.

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

37 (g) The department shall develop electronic methods of tracking
38 evidence-based quality measures to identify and improve outcomes for
39 injured workers at risk of developing prolonged disability. In
40 addition, these methods must be used to provide systematic feedback

1 to physicians regarding quality of care, to conduct appropriate
2 objective evaluation of progress in the centers for occupational
3 health and education, and to allow efficient coordination of
4 services.

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

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

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

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

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

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

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

5 **Sec. 5.** RCW 51.36.010 and 2025 c 58 s 5117 are each amended to
6 read as follows:

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

25 (b) Network providers must ~~((be required to))~~, when medically
26 appropriate, follow the department's evidence-based coverage
27 decisions and treatment guidelines, policies, and must ~~((be expected~~
28 ~~to))~~, when medically appropriate, follow other national treatment
29 guidelines appropriate for their patient. The department, in
30 collaboration with the advisory group, shall also establish
31 additional best practice standards for providers to qualify for a
32 second tier within the network, based on demonstrated use of
33 occupational health best practices. This second tier is separate from
34 and in addition to the centers for occupational health and education
35 established under subsection (5) of this section.

36 (2) (a) (i) Upon the occurrence of any injury to a worker entitled
37 to compensation under the provisions of this title, ~~((he or she))~~ the
38 worker shall receive proper and necessary medical and surgical
39 services at the hands of a physician, osteopathic physician,

1 chiropractor, naturopath, podiatric physician, optometrist, dentist,
2 licensed advanced practice registered nurse, physician assistant, or
3 psychologist in claims solely for mental health conditions, of ((his
4 or her)) the worker's own choice, if conveniently located, except as
5 provided in (b) of this subsection, and proper and necessary hospital
6 care and services during the period of ((his or her)) the worker's
7 disability from such injury.

8 (ii)(A) Upon notice of an injury, an employer must inform the
9 injured worker that the worker has a right to seek initial treatment
10 or emergency medical treatment with a provider of the worker's own
11 choice and that the worker has a right to seek further treatment with
12 a provider of the worker's own choice from within the medical
13 provider network. An employer is prohibited from requiring or
14 coercing an injured worker to seek medical treatment from a specific
15 provider or clinic. Nothing in this subsection (2) prevents an
16 employer from providing on-site medical care to a worker at the
17 worker's own choice. The department shall investigate any allegation
18 that an employer attempted to require or coerce an injured worker to
19 seek treatment from a specific provider or clinic. A violation of
20 this subsection (2) by a self-insured employer is a violation of RCW
21 51.48.017 and may constitute a violation of RCW 51.14.180 as
22 determined by the department based on the nature, severity, and
23 frequency of the conduct. A violation of this subsection (2) by an
24 employer insured through the state may subject the employer to a
25 penalty of at least \$250, not to exceed \$2,500, for each violation,
26 payable to the supplemental pension fund. The department shall
27 determine the amount of the penalty for the state fund employer's
28 violation of this subsection based on the nature, severity, and
29 frequency of the conduct. Additionally, when the department finds a
30 pattern of conduct in violation of this subsection by an employer
31 insured through the state fund, the department may prohibit the
32 employer from current or future participation in a retrospective
33 rating program.

34 (B) For purposes of this subsection (2)(a)(ii), "coercion"
35 includes threats, retaliation, or improper pressure.

36 (b) ((~~Onee~~)) Except as provided in (g) of this subsection, once
37 the provider network is established in the worker's geographic area,
38 an injured worker may receive care from a nonnetwork provider only
39 for an initial office or emergency room visit. However, the
40 department or self-insurer may limit reimbursement to the

1 department's standard fee for the services. The provider must comply
2 with all applicable billing policies and must accept the department's
3 fee schedule as payment in full.

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

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

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

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

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

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

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

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

33 (d) Network provider contracts will automatically renew at the
34 end of the contract period unless the department provides written
35 notice of changes in contract provisions or the department or
36 provider provides written notice of contract termination. The
37 industrial insurance medical advisory committee shall develop
38 criteria for removal of a provider from the network to be presented
39 to the department and advisory group for consideration in the
40 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 (g)(i) If a worker is unable to find a provider in the medical
13 provider network who is willing to treat the worker, or serve as the
14 attending provider, within 25 miles of the worker's home, the worker
15 may provide notice of this fact to the department or self-insured
16 employer. Within 10 calendar days of receiving such notice, the
17 department or self-insured employer shall send the worker a
18 declaration developed by the department to sign certifying this fact.
19 Upon receipt of the signed declaration, the department or self-
20 insured employer will have 10 calendar days to assist the worker in
21 finding a provider in the medical provider network or who agrees to
22 join the medical provider network to treat the worker. If no provider
23 is found, the worker may seek treatment from a nonnetwork provider,
24 or select an attending provider who is not in the medical provider
25 network, within 25 miles of the worker's home, if the provider agrees
26 to be paid in accordance with the department's medical aid rules and
27 fee schedules and sign a nonnetwork provider agreement. The
28 department or self-insured employer shall pay for such treatment in
29 accordance with the department's medical aid rules and fee schedules.

30 (ii) If the worker has met the conditions of (g)(i) of this
31 subsection (2), the worker may immediately receive treatment from a
32 nonnetwork provider, regardless of whether the provider has completed
33 a nonnetwork provider agreement or application to the medical
34 provider network. Provision of treatment to the worker serves as the
35 provider's agreement to follow the department's medical aid rules and
36 fee schedules.

37 (3)(a) The department shall work with self-insurers and the
38 department utilization review provider to implement utilization
39 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, and recommendations
4 sent to the department, within 10 business days of the date the
5 utilization review provider receives all requested information
6 necessary to make the treatment recommendation or the treatment must
7 be authorized. If there is a question as to whether the treatment
8 authorized pursuant to this subsection (3) is for a condition related
9 to the worker's injury or occupational disease, the department shall
10 adjudicate whether that condition is related by issuing an order in
11 compliance with RCW 51.52.050 within 30 days of the deadline for
12 completion of the utilization review.

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

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

20 (i) In the case of permanent partial disability, not to extend
21 beyond the date when compensation shall be awarded (~~(him or her)~~) the
22 worker, except when the worker returned to work before permanent
23 partial disability award is made, in such case not to extend beyond
24 the time when monthly allowances to (~~(him or her)~~) the worker shall
25 cease(~~(; in)~~).

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

34 (iii) In the case of permanent partial disability, not to extend
35 beyond the date on which a lump sum payment or initial payment of the
36 permanent partial disability award is made with the worker: PROVIDED,
37 HOWEVER, If the department denies an application under RCW
38 51.32.160(1), on the same order denying the application, the
39 department may authorize continued medical and surgical treatment for
40 conditions previously accepted by the department when such medical

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

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

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

38 (c) The supervisor of industrial insurance, the supervisor's
39 designee, or a self-insurer, in ((his or her)) their sole discretion,
40 may authorize inoculation or other immunological treatment in cases

1 in which a work-related activity has resulted in probable exposure of
2 the worker to a potential infectious occupational disease.
3 Authorization of such treatment does not bind the department or self-
4 insurer in any adjudication of a claim by the same worker or the
5 worker's beneficiary for an occupational disease.

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

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

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

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

35 (d) Health care delivery organizations may apply to the
36 department for certification as a center for occupational health and
37 education. These may include, but are not limited to, hospitals and
38 affiliated clinics and providers, multispecialty clinics, health
39 maintenance organizations, and organized systems of network
40 physicians.

1 (e) The centers for occupational health and education shall
2 implement benchmark quality indicators of occupational health best
3 practices for individual providers, developed in collaboration with
4 the department. A center for occupational health and education shall
5 remove individual providers who do not consistently meet these
6 quality benchmarks.

7 (f) The department shall develop and implement financial and
8 nonfinancial incentives for center for occupational health and
9 education providers that are based on progressive and measurable
10 gains in occupational health best practices, and that are applicable
11 throughout the duration of an injured or ill worker's episode of
12 care.

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

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

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

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

4 ~~((9))~~ (d) When the department terminates a provider from the
5 network, the department or self-insurer shall assist an injured
6 worker currently under the provider's care in identifying a new
7 network provider or providers from whom the worker can select an
8 attending or treating provider. In such a case, the department or
9 self-insurer shall notify the injured worker that ~~((he or she))~~ the
10 worker must choose a new attending or treating provider.

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

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

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

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

28 (1) In order to improve the timely management of claims, the
29 department is authorized to hire additional claims managers to the
30 extent necessary to reach the recommended average claims caseload of
31 141 claims per claims manager, as identified in the June 2015
32 consultant's report for the joint legislative audit and review
33 committee.

34 (2) Beginning July 1, 2031, and not more than every five years
35 thereafter, the department or a third party contracted by the
36 department shall conduct a study to determine the national average
37 caseload per claims manager. The department is authorized to hire
38 additional claims managers to adjust the caseload to be consistent
39 with the national average.

1 (3) If the department hires additional claims managers under this
2 section, the department must implement procedures to reduce the
3 caseload of claims managers and implement more frequent reviews of
4 cases by claims managers.

5 (4) (a) Moneys used to hire and retain additional claims managers
6 under subsections (1) and (2) of this section are subject to the
7 allotment of all expenditures pursuant to chapter 43.88 RCW.
8 Expenditures include the salaries and expenses of additional claims
9 managers.

10 (b) Appropriations are not required for moneys used pursuant to
11 subsections (1) and (2) of this section. Allotted funds may be used
12 only to hire and retain additional claims managers necessary to meet
13 the caseloads described in subsections (1) and (2) of this section.

14 (5) Beginning December 1, 2026, the director shall provide
15 quarterly reports to the workers' compensation advisory committee
16 established in RCW 51.04.110 summarizing indicators of progress, as
17 determined by the department, on the following since the effective
18 date of this section:

19 (a) Average claim costs;

20 (b) The duration of temporary total disability benefits granted
21 to claimants under RCW 51.32.090;

22 (c) Claim management timeliness and operational efficiency within
23 the workers' compensation system; and

24 (d) Other measures related to the impact of the additional claims
25 managers hired under this section.

26 (6) By June 30, 2029, the director shall provide to the
27 appropriate committees of the legislature a report summarizing the
28 impact of additional claims managers hired under this section. The
29 report shall summarize trends in average claim costs, the average
30 duration of temporary total disability benefits granted to claimants
31 under RCW 51.32.090, and standard measures of claim management
32 timeliness and operational efficiency within the workers'
33 compensation system since the effective date of this section.

34 (7) By December 31, 2032, the joint legislative audit and review
35 committee shall review and report to the appropriate committees of
36 the legislature on whether this section has improved:

37 (a) The timeliness of claims handling by the department;

38 (b) Access by injured or occupationally ill workers to timely
39 medical treatment; and

1 (c) Claims costs, including the effect on medical costs and the
2 duration of temporary disability benefits.

3 **Sec. 7.** RCW 43.88.180 and 1973 1st ex.s. c 100 s 8 are each
4 amended to read as follows:

5 (1) Appropriations shall not be required for refunds, as provided
6 in RCW 43.88.170, nor in the case of payments other than for
7 administrative expenses, except as provided in subsection (2) of this
8 section, or capital improvements to be made from trust funds
9 specifically created by law to discharge awards, claims, annuities
10 and other liabilities of the state. Said trust funds shall include,
11 but shall not be limited to, the accident fund, medical aid fund,
12 retirement system fund, Washington state patrol retirement fund and
13 unemployment trust fund. Appropriations may be required in the case
14 of public service enterprises defined for the purposes of this
15 section as proprietary functions conducted by an agency of the state.
16 An appropriation may be required to permit payment of obligations by
17 revolving funds, as provided in RCW 43.88.190.

18 (2) Appropriations are not required for moneys used pursuant to
19 section 6 of this act.

20 NEW SECTION. **Sec. 8.** This act applies to all claims regardless
21 of the date of injury or manifestation.

22 NEW SECTION. **Sec. 9.** Section 2 of this act takes effect January
23 1, 2028.

24 NEW SECTION. **Sec. 10.** Section 3 of this act expires June 30,
25 2027.

26 NEW SECTION. **Sec. 11.** Section 4 of this act takes effect June
27 30, 2027.

28 NEW SECTION. **Sec. 12.** Section 4 of this act expires January 1,
29 2028.

30 NEW SECTION. **Sec. 13.** Section 5 of this act takes effect
31 January 1, 2028.

1 NEW SECTION. **Sec. 14.** Section 5 of this act applies to
2 treatment decisions made on or after the effective date of that
3 section.

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