

FINAL BILL REPORT

SB 6129

C 304 L 96
Synopsis as Enacted

Brief Description: Allowing a mental health practitioner and an enrollee to contract for services under certain circumstances.

Sponsors: Senators Fairley and Franklin.

Senate Committee on Health & Long-Term Care
House Committee on Health Care

Background: Currently, under the terms of some health care services contracts, enrollees are prohibited from independently contracting for continued mental health services after the allotted number of visits or other coverage provisions with mental health practitioners have been exhausted. These agreements may be forbidden even if the enrollee will pay for the care in full.

Summary: Health carriers may not write contracts that deny enrollees and mental health practitioners the option of independently arranging to continue care, at the enrollee's expense, after the benefits of the contract expire. Health carriers include disability insurers, health care service contractors, the Basic Health Plan, the state health insurance pool, and health maintenance organizations.

Mental health practitioners include psychiatrists, psychologists, advanced practice psychiatric nurses, social workers, marriage and family therapists and mental health counselors.

Independent agreements between mental health practitioners and enrollees are permitted when benefits expire, if the enrollee's condition is excluded from coverage, or for any clinically appropriate reason at the time.

If a consumer continues to see a mental health practitioner during an appeal process, the provider must indicate in writing who is responsible for payment of services during this period.

These independent agreements do not apply to the full time staff of health carriers.

Votes on Final Passage:

Senate	49	0	
House	94	0	(House amended)
Senate	48	0	(Senate concurred)

Effective: June 6, 1996