S-1460.1

## SENATE BILL 5887

**State of Washington 66th Legislature 2019 Regular Session**

**By** Senators Short, Keiser, and Nguyen

Read first time 02/11/19. Referred to Committee on Health & Long Term Care.

AN ACT Relating to health carrier requirements for prior authorization standards; and amending RCW 48.43.016.

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

**Sec. 1.** RCW 48.43.016 and 2018 c 193 s 1 are each amended to read as follows:

(1) A health carrier that imposes different prior authorization standards and criteria for a covered service among tiers of contracting providers of the same licensed profession in the same health plan shall inform an enrollee which tier an individual provider or group of providers is in by posting the information on its web site in a manner accessible to both enrollees and providers.

(2) A health carrier may not require prior authorization for an initial evaluation and management visit and up to six consecutive treatment visits with a contracting provider in a new episode of care of chiropractic, physical therapy, occupational therapy, East Asian medicine, massage therapy, or speech and hearing therapies ((~~that meet the standards of medical necessity and are subject to quantitative treatment limits of the health plan~~)). No carrier may deny or limit coverage for such initial six visits on the basis of medical necessity or appropriateness if the patient's chiropractor or other primary care provider has determined that such visits are

1 medically necessary. Notwithstanding RCW 48.43.515(5) this section
2 may not be interpreted to limit the ability of a health plan to
3 require a referral or prescription for the therapies listed in this
4 section.

5 (3) A health carrier shall post on its web site and provide upon
6 the request of a covered person or contracting provider any prior
7 authorization standards, criteria, or information the carrier uses
8 for medical necessity decisions.

9 (4) A health care provider with whom a health carrier consults
10 regarding a decision to deny, limit, or terminate a person's covered
11 health care services must hold a license, certification, or
12 registration, in good standing and must be in the same or related
13 health field as the health care provider being reviewed or of a
14 specialty whose practice entails the same or similar covered health
15 care service.

16 (5) A health carrier may not require a provider to provide a
17 discount from usual and customary rates for health care services not
18 covered under a health plan, policy, or other agreement, to which the
19 provider is a party.

20 (6) For purposes of this section:

21 (a) "New episode of care" means treatment for a new or recurrent
22 condition for which the enrollee has not been treated by the provider
23 within the previous ninety days and is not currently undergoing any
24 active treatment.

25 (b) "Contracting provider" does not include providers employed
26 within an integrated delivery system operated by a carrier licensed
27 under chapter 48.44 or 48.46 RCW.

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