S-0577.3

SENATE BILL 5665

State of Washington 55th Legislature 1997 Regular Session

By Senators Strannigan, Wojahn, Fairley, Wood, Franklin, Deccio, Thibaudeau and Winsley

Read first time 02/06/97. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to mental health utilization review; and adding a
2 new section to chapter 48.43 RCW.

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

4 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43 RCW
5 to read as follows:
6 The definitions in subsection (1) of this section apply throughout
7 this section unless the context clearly requires otherwise.
8 (1)(a) "Health carrier" includes disability insurers regulated
9 under chapter 48.20 or 48.21 RCW, health care service contractors
10 regulated under chapter 48.44 RCW, plans operating under the health
11 care authority under chapter 41.05 RCW, the state health insurance pool
12 operating under chapter 48.41 RCW, health maintenance organizations
13 regulated under chapter 48.46 RCW, and insuring entities regulated
14 under this chapter.
15 (b) "Mental health practitioners" include only the following: Any
16 generally recognized medical specialty of practitioners licensed under
17 chapter 18.57 or 18.71 RCW who provide mental health services, advanced
18 practice psychiatric nurses as authorized by the nursing care quality
19 assurance commission under chapter 18.79 RCW, psychologists licensed

1 under chapter 18.83 RCW, social workers, marriage and family
2 therapists, and mental health counselors certified under chapter 18.19
3 RCW.

4 (c) "Utilization review" means a set of formal techniques designed
5 to monitor the use of, or evaluate the clinical necessity,
6 appropriateness, efficacy, or efficiency of outpatient mental health
7 care services.

8 (d) "Appeals procedure" means a formal process whereby a covered
9 person, a representative of a covered person, or a mental health care
10 practitioner providing services to a covered person can contest an
11 adverse determination given by a health carrier or its designee
12 utilization review organization, which results in the denial,
13 reduction, or termination of a requested outpatient mental health care
14 service.

15 (2) Every health carrier that provides coverage for any outpatient
16 mental health service shall clearly disclose in any document that
17 describes its covered benefits any mental health services or diagnoses
18 that are excluded from coverage that are listed in the current version
19 of the diagnostic and statistical manual, and a specific description of
20 how the outpatient mental health services are managed.

21 (3) Every health carrier that provides coverage for outpatient
22 mental health services shall exclude a minimum of twelve outpatient
23 services from utilization review of any type, except that requirements
24 for preauthorization or other similar gatekeeper provisions are
25 allowable. Management of outpatient mental health care within these
26 limits is the clinical decision of the mental health practitioner, in
27 consultation with the covered person. If a health carrier provides
28 coverage for outpatient mental health services of less than twelve
29 outpatient services, these requirements are applicable up to the number
30 of services allowed.

31 (4) Utilization review procedures of health carriers that provide
32 coverage for outpatient mental health services must comply with the
33 following:

34 (a) Persons performing utilization review functions shall be mental
35 health practitioners who shall receive training, in an amount
36 determined by the carrier, to assure knowledge of applicable Washington
37 state laws relevant to treatment of mental disorders, including
38 confidentiality laws, the uniform disciplinary act, and the duty to
39 warn. When an appeal occurs, the person reviewing the appeal for a

health carrier shall be a professional peer of the mental health care practitioner who is qualified to provide the mental health service being appealed.

(b) A health carrier's plan for utilization review of mental health services, including criteria used to determine medical necessity, must be filed with the commissioner, and be available upon request.

(c) Any preliminary assessment performed by an agent or employee of the health carrier made during the course of a telephonic or other interview with an enrollee involving preauthorization for the purpose of establishing initial or continuing outpatient mental health benefits or coverage, shall be confirmed or modified in writing by the treating mental health care professional who shall determine the diagnosis.

(d) Persons performing utilization review activities may only have access to those mental health practitioner records that would substantiate the need for additional services for the enrollee for whom utilization review activity is being conducted. However, treatment notes would not be available for review.

(e) Utilization review processes and procedures shall comply with all applicable state and federal laws regarding the confidentiality of mental health records.

(5) A health carrier is responsible for the implementation of this section, whether it performs the utilization review functions itself, or whether it contracts with another entity.

--- END ---