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SENATE BILL 6696

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State of Washington

55th Legislature

1998 Regular Session

By Senators Patterson, Brown and Kline

Read first time 01/27/98. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to health care and health insurance benefits for  
2 physical injuries resulting from suicide attempts; amending RCW  
3 48.41.110 and 74.09.520; adding a new section to chapter 41.05 RCW;  
4 adding a new section to chapter 48.20 RCW; adding a new section to  
5 chapter 48.21 RCW; adding a new section to chapter 48.44 RCW; adding a  
6 new section to chapter 48.46 RCW; creating a new section; and providing  
7 an effective date.

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

9 NEW SECTION. **Sec. 1.** The legislature finds that the health and  
10 well-being of our citizens are critically important to the public  
11 welfare. The legislature further finds that suicide is a significant  
12 cause of death in the United States. Attempted suicide is usually a  
13 symptom indicating that a person is experiencing stressful or traumatic  
14 events that push their normal coping strategies to the limit. This  
15 distress leaves them feeling terribly isolated and that there are no  
16 other options. The legislature further finds that suicidal people  
17 often fail to receive the care needed to help them heal. This lack of  
18 adequate coverage can have a detrimental effect and can result in long-  
19 term emotional and physical damage. It is the intent of the

1 legislature to help people who attempt suicide recover by ensuring that  
2 they receive health care coverage to treat their self-imposed physical  
3 damage.

4 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05 RCW  
5 to read as follows:

6 (1) Every health plan offered to public employees and their covered  
7 dependents under this chapter that is not subject to the provisions of  
8 Title 48 RCW and is established or renewed after the effective date of  
9 this act, and that provides benefits for hospital or medical care shall  
10 provide benefits for self-inflicted physical injuries, including those  
11 caused by the intentional overdose of drugs or other chemical  
12 substances, that are the result of a suicide attempt.

13 (2) Subsection (1) of this section does not prevent the application  
14 of standard health plan provisions applicable to other benefits such as  
15 deductible or copayment provisions.

16 (3) Every public employee covered under this chapter must be  
17 notified of the required coverage under subsection (1) of this section  
18 in an annual summary of benefits or by other written notice no later  
19 than January 1, 1999, whichever occurs first.

20 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.20 RCW  
21 to read as follows:

22 (1) Every disability insurance policy issued or renewed after the  
23 effective date of this act, that provides benefits for hospital or  
24 medical care shall provide benefits for self-inflicted physical  
25 injuries, including those caused by the intentional overdose of drugs  
26 or other chemical substances, that are the result of a suicide attempt.

27 (2) Subsection (1) of this section does not prevent the application  
28 of standard health plan provisions applicable to other benefits such as  
29 deductible or copayment provisions

30 (3) Every individual covered under this chapter must be notified of  
31 the required coverage under subsection (1) of this section in an annual  
32 summary of benefits or by other written notice no later than January 1,  
33 1999, whichever occurs first.

34 NEW SECTION. **Sec. 4.** A new section is added to chapter 48.21 RCW  
35 to read as follows:

1 (1) Every group disability insurance policy issued or renewed after  
2 the effective date of this act, that provides benefits for hospital or  
3 medical care shall provide benefits for self-inflicted physical  
4 injuries, including those caused by the intentional overdose of drugs  
5 or other chemical substances, that are the result of a suicide attempt.

6 (2) Subsection (1) of this section does not prevent the application  
7 of standard health plan provisions applicable to other benefits such as  
8 deductible or copayment provisions

9 (3) Every individual covered under this chapter must be notified of  
10 the required coverage under subsection (1) of this section in an annual  
11 summary of benefits or by other written notice no later than January 1,  
12 1999, whichever occurs first.

13 NEW SECTION. **Sec. 5.** A new section is added to chapter 48.44 RCW  
14 to read as follows:

15 (1) Every health care service contract issued or renewed after the  
16 effective date of this act, that provides benefits for hospital or  
17 medical care shall provide benefits for self-inflicted physical  
18 injuries, including those caused by the intentional overdose of drugs  
19 or other chemical substances, that are the result of a suicide attempt.

20 (2) Subsection (1) of this section does not prevent the application  
21 of standard health plan provisions applicable to other benefits such as  
22 deductible or copayment provisions.

23 (3) Every individual covered under this chapter must be notified of  
24 the required coverage under subsection (1) of this section in an annual  
25 summary of benefits or by other written notice no later than January 1,  
26 1999, whichever occurs first.

27 NEW SECTION. **Sec. 6.** A new section is added to chapter 48.46 RCW  
28 to read as follows:

29 (1) Every health maintenance agreement issued or renewed after the  
30 effective date of this act, that provides benefits for hospital or  
31 medical care shall provide benefits for self-inflicted physical  
32 injuries, including those caused by the intentional overdose of drugs  
33 or other chemical substances, that are the result of a suicide attempt.

34 (2) Subsection (1) of this section does not prevent the application  
35 of standard health plan provisions applicable to other benefits such as  
36 deductible or copayment provisions.

1 (3) Every individual covered under this chapter must be notified of  
2 the required coverage under subsection (1) of this section in an annual  
3 summary of benefits or by other written notice no later than January 1,  
4 1999, whichever occurs first.

5 **Sec. 7.** RCW 48.41.110 and 1997 c 231 s 213 are each amended to  
6 read as follows:

7 (1) The pool is authorized to offer one or more managed care plans  
8 of coverage. Such plans may, but are not required to, include point of  
9 service features that permit participants to receive in-network  
10 benefits or out-of-network benefits subject to differential cost  
11 shares. Covered persons enrolled in the pool on January 1, 1997, may  
12 continue coverage under the pool plan in which they are enrolled on  
13 that date. However, the pool may incorporate managed care features  
14 into such existing plans.

15 (2) The administrator shall prepare a brochure outlining the  
16 benefits and exclusions of the pool policy in plain language. After  
17 approval by the board of directors, such brochure shall be made  
18 reasonably available to participants or potential participants. The  
19 health insurance policy issued by the pool shall pay only usual,  
20 customary, and reasonable charges for medically necessary eligible  
21 health care services rendered or furnished for the diagnosis or  
22 treatment of illnesses, injuries, and conditions which are not  
23 otherwise limited or excluded. Eligible expenses are the usual,  
24 customary, and reasonable charges for the health care services and  
25 items for which benefits are extended under the pool policy. Such  
26 benefits shall at minimum include, but not be limited to, the following  
27 services or related items:

28 (a) Hospital services, including charges for the most common  
29 semiprivate room, for the most common private room if semiprivate rooms  
30 do not exist in the health care facility, or for the private room if  
31 medically necessary, but limited to a total of one hundred eighty  
32 inpatient days in a calendar year, and limited to thirty days inpatient  
33 care for mental and nervous conditions, or alcohol, drug, or chemical  
34 dependency or abuse per calendar year;

35 (b) Professional services including surgery for the treatment of  
36 injuries, illnesses, or conditions, other than dental, which are  
37 rendered by a health care provider, or at the direction of a health

1 care provider, by a staff of registered or licensed practical nurses,  
2 or other health care providers;

3 (c) The first twenty outpatient professional visits for the  
4 diagnosis or treatment of one or more mental or nervous conditions or  
5 alcohol, drug, or chemical dependency or abuse rendered during a  
6 calendar year by one or more physicians, psychologists, or community  
7 mental health professionals, or, at the direction of a physician, by  
8 other qualified licensed health care practitioners, in the case of  
9 mental or nervous conditions, and rendered by a state certified  
10 chemical dependency program approved under chapter 70.96A RCW, in the  
11 case of alcohol, drug, or chemical dependency or abuse;

12 (d) Drugs and contraceptive devices requiring a prescription;

13 (e) Services of a skilled nursing facility, excluding custodial and  
14 convalescent care, for not more than one hundred days in a calendar  
15 year as prescribed by a physician;

16 (f) Services of a home health agency;

17 (g) Chemotherapy, radioisotope, radiation, and nuclear medicine  
18 therapy;

19 (h) Oxygen;

20 (i) Anesthesia services;

21 (j) Prostheses, other than dental;

22 (k) Durable medical equipment which has no personal use in the  
23 absence of the condition for which prescribed;

24 (l) Diagnostic x-rays and laboratory tests;

25 (m) Oral surgery limited to the following: Fractures of facial  
26 bones; excisions of mandibular joints, lesions of the mouth, lip, or  
27 tongue, tumors, or cysts excluding treatment for temporomandibular  
28 joints; incision of accessory sinuses, mouth salivary glands or ducts;  
29 dislocations of the jaw; plastic reconstruction or repair of traumatic  
30 injuries occurring while covered under the pool; and excision of  
31 impacted wisdom teeth;

32 (n) Maternity care services, as provided in the managed care plan  
33 to be designed by the pool board of directors, and for which no  
34 preexisting condition waiting periods may apply;

35 (o) Services of a physical therapist and services of a speech  
36 therapist;

37 (p) Hospice services;

38 (q) Professional ambulance service to the nearest health care  
39 facility qualified to treat the illness or injury; ((and))

1 (r) Other medical equipment, services, or supplies required by  
2 physician's orders and medically necessary and consistent with the  
3 diagnosis, treatment, and condition; and

4 (s) Hospital or medical care for self-inflicted physical injuries,  
5 including those caused by the intentional overdose of drugs or other  
6 chemical substances, that are the result of a suicide attempt.

7 (3) The board shall design and employ cost containment measures and  
8 requirements such as, but not limited to, care coordination, provider  
9 network limitations, preadmission certification, and concurrent  
10 inpatient review which may make the pool more cost-effective.

11 (4) The pool benefit policy may contain benefit limitations,  
12 exceptions, and cost shares such as copayments, coinsurance, and  
13 deductibles that are consistent with managed care products, except that  
14 differential cost shares may be adopted by the board for nonnetwork  
15 providers under point of service plans. The pool benefit policy cost  
16 shares and limitations must be consistent with those that are generally  
17 included in health plans approved by the insurance commissioner;  
18 however, no limitation, exception, or reduction may be used that would  
19 exclude coverage for any disease, illness, or injury.

20 (5) The pool may not reject an individual for health plan coverage  
21 based upon preexisting conditions of the individual or deny, exclude,  
22 or otherwise limit coverage for an individual's preexisting health  
23 conditions; except that it may impose a three-month benefit waiting  
24 period for preexisting conditions for which medical advice was given,  
25 or for which a health care provider recommended or provided treatment,  
26 within three months before the effective date of coverage. The pool  
27 may not avoid the requirements of this section through the creation of  
28 a new rate classification or the modification of an existing rate  
29 classification.

30 **Sec. 8.** RCW 74.09.520 and 1995 1st sp.s. c 18 s 39 are each  
31 amended to read as follows:

32 (1) The term "medical assistance" may include the following care  
33 and services: (a) Inpatient hospital services; (b) outpatient hospital  
34 services; (c) other laboratory and x-ray services; (d) nursing facility  
35 services; (e) physicians' services, which shall include prescribed  
36 medication and instruction on birth control devices; (f) medical care,  
37 or any other type of remedial care as may be established by the  
38 secretary; (g) home health care services; (h) private duty nursing

1 services; (i) dental services; (j) physical and occupational therapy  
2 and related services; (k) prescribed drugs, dentures, and prosthetic  
3 devices; and eyeglasses prescribed by a physician skilled in diseases  
4 of the eye or by an optometrist, whichever the individual may select;  
5 (l) personal care services, as provided in this section; (m) hospice  
6 services; (n) other diagnostic, screening, preventive, and  
7 rehabilitative services; and (o) like services when furnished to a  
8 child by a school district in a manner consistent with the requirements  
9 of this chapter. For the purposes of this section, the department may  
10 not cut off any prescription medications, oxygen supplies, respiratory  
11 services, or other life-sustaining medical services or supplies.

12 "Medical assistance," notwithstanding any other provision of law,  
13 shall not include routine foot care, or dental services delivered by  
14 any health care provider, that are not mandated by Title XIX of the  
15 social security act unless there is a specific appropriation for these  
16 services.

17 "Medical assistance" also includes hospital or medical care for  
18 self-inflicted physical injuries, including those caused by the  
19 intentional overdose of drugs or other chemical substances, that are  
20 the result of a suicide attempt.

21 (2) The department shall amend the state plan for medical  
22 assistance under Title XIX of the federal social security act to  
23 include personal care services, as defined in 42 C.F.R. 440.170(f), in  
24 the categorically needy program.

25 (3) The department shall adopt, amend, or rescind such  
26 administrative rules as are necessary to ensure that Title XIX personal  
27 care services are provided to eligible persons in conformance with  
28 federal regulations.

29 (a) These administrative rules shall include financial eligibility  
30 indexed according to the requirements of the social security act  
31 providing for medicaid eligibility.

32 (b) The rules shall require clients be assessed as having a medical  
33 condition requiring assistance with personal care tasks. Plans of care  
34 must be reviewed by a nurse.

35 (4) The department shall design and implement a means to assess the  
36 level of functional disability of persons eligible for personal care  
37 services under this section. The personal care services benefit shall  
38 be provided to the extent funding is available according to the  
39 assessed level of functional disability. Any reductions in services

1 made necessary for funding reasons should be accomplished in a manner  
2 that assures that priority for maintaining services is given to persons  
3 with the greatest need as determined by the assessment of functional  
4 disability.

5 (5) The department shall report to the appropriate fiscal  
6 committees of the legislature on the utilization and associated costs  
7 of the personal care option under Title XIX of the federal social  
8 security act, as defined in 42 C.F.R. 440.170(f), in the categorically  
9 needy program. This report shall be submitted by January 1, 1990, and  
10 submitted on a yearly basis thereafter.

11 (6) Effective July 1, 1989, the department shall offer hospice  
12 services in accordance with available funds.

13 (7) For Title XIX personal care services administered by aging and  
14 adult services administration of the department, the department shall  
15 contract with area agencies on aging:

16 (a) To provide case management services to individuals receiving  
17 Title XIX personal care services in their own home; and

18 (b) To reassess and reauthorize Title XIX personal care services or  
19 other home and community services (~~as defined in RCW 74.39A.008~~) in  
20 home or in other settings for individuals consistent with the intent of  
21 this section:

22 (i) Who have been initially authorized by the department to receive  
23 Title XIX personal care services or other home and community services  
24 (~~as defined in RCW 74.39A.008~~); and

25 (ii) Who, at the time of reassessment and reauthorization, are  
26 receiving such services in their own home.

27 (8) In the event that an area agency on aging is unwilling to enter  
28 into or satisfactorily fulfill a contract to provide these services,  
29 the department is authorized to:

30 (a) Obtain the services through competitive bid; and

31 (b) Provide the services directly until a qualified contractor can  
32 be found.

33 NEW SECTION. **Sec. 9.** This act takes effect July 1, 1998.

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