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HOUSE BILL 3129

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State of Washington

56th Legislature

2000 Regular Session

By Representative Sullivan

Read first time 02/08/2000. Referred to Committee on Financial Institutions & Insurance.

1 AN ACT Relating to appealing certain medical examination results;  
2 amending RCW 48.22.085; and creating a new section.

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

4 NEW SECTION. **Sec. 1.** The legislature finds that chiropractors  
5 suffer from unfair treatment from insurance companies in comparison  
6 with other health care providers. Specifically, insurance companies  
7 often use the process of an independent medical examination to limit an  
8 insured's use of chiropractic health services. The legislature finds  
9 that this practice is against public policy and that chiropractors  
10 provide a valuable service to the public.

11 **Sec. 2.** RCW 48.22.085 and 1993 c 242 s 2 are each amended to read  
12 as follows:

13 (1) No new automobile liability insurance policy or renewal of such  
14 an existing policy may be issued unless personal injury protection  
15 coverage benefits at limits established in this chapter for medical and  
16 hospital expenses, funeral expenses, income continuation, and loss of  
17 services sustained by an insured because of bodily injury caused by an  
18 automobile accident are offered as an optional coverage.

1 (2) A named insured may reject, in writing, personal injury  
2 protection coverage and the requirements of subsection (1) of this  
3 section shall not apply. If a named insured has rejected personal  
4 injury protection coverage, that rejection shall be valid and binding  
5 as to all levels of coverage and on all persons who might have  
6 otherwise been insured under such coverage. If a named insured has  
7 rejected personal injury protection coverage, such coverage shall not  
8 be included in any supplemental, renewal, or replacement policy unless  
9 a named insured subsequently requests such coverage in writing.

10 (3) Any insured person who submits to an independent medical  
11 examination for a chiropractic care condition, and who receives a  
12 report concerning the independent medical examination for a  
13 chiropractic condition that he or she feels is incorrect or  
14 unwarranted, may appeal the finding of the examination with the  
15 commissioner's office. The commissioner or his or her designee shall  
16 take such action as is necessary to review each appealed case, and  
17 issue a determination within thirty days of the receipt of the appeal.  
18 The commissioner or his or her designee must issue a determination that  
19 finds that the results of the independent medical examination are  
20 valid, and deny the appeal, or issue a determination that the results  
21 of the independent medical examination are incorrect, and allow the  
22 insured person to continue to receive covered chiropractic care for an  
23 additional six months. The commissioner may adopt rules to implement  
24 the provisions of this subsection.

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