

1944

Sponsor(s): Representatives Parlette, Cody and Ogden

Brief Description: Requiring third-party payors to designate a licensed medical director for its coverage decisions.

HB 1944 - DIGEST

Requires each third-party payor that makes coverage decisions described in this act to designate a medical director, who is licensed under chapter 18.57 or 18.71 RCW, to make the operational decision or assume full responsibility for those decisions. Each third-party payor will be responsible for ensuring that organizations acting on its behalf or at its direction will comply with this chapter.

Directs the medical quality assurance commission and the state board of osteopathic medicine and surgery to jointly adopt rules to implement this act.